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Perez, IA & Wilson, CWL 2006, *Translating, Interpreting and Communication Support: A Review of Provision in Public Services in Scotland*. Scottish Executive, Edinburgh.
<<http://www.scotland.gov.uk/Resource/Doc/90506/0021781.pdf>>

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Document Version:

Publisher's PDF, also known as Version of record

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Translating, Interpreting and Communication Support: A Review of Provision in Public Services in Scotland

**TRANSLATING, INTERPRETING AND
COMMUNICATION SUPPORT: A REVIEW OF
PROVISION IN PUBLIC SERVICES IN SCOTLAND**

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**Scottish Executive Social Research
2006**

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Acknowledgments

The authors would like to express thanks to all those who have contributed to the research: in particular the staff of the translating, interpreting and communication support services and within the public services who were willing to take part in telephone and face to face interviews. The information and insights they have been willing to share will be of benefit to the profession and its clients as a whole.

Special thanks are owed to the research advisors to the project, Professor Elinor Kelly, Dr Gina Netto and Professor Ian Mason.

The research team would also like to thank the members of the research advisory group and all the project managers.

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EXECUTIVE SUMMARY

Background

1. The research was commissioned to take forward the work of the Translating, Interpreting and Communication Support Group established by the Scottish Executive in 2000. The purpose of the study was to give policy-makers a picture of the services that are currently available and indicate what actions are needed to help develop the provision of future services. The study's central aim was to examine the provision of translating, interpreting and communication support (TICS) within the public services in Scotland.

About the Study

2. The research investigated the practice of providing TICS support to users of spoken languages other than English and to members of the Deaf community, including Deafblind people. It examined TICS provision as viewed by TICS providers and by the public sector bodies (PSBs).

3. The study collected information from TICS providers across Scotland and from TICS providers based outside Scotland if providing a significant service in Scotland. It also collected information from PSBs in city, urban and rural areas across Scotland and in a range of sectors, including legal service, health, social services, housing, employment, education, local authority services, etc.

4. The first phase of the study carried out an audit of TICS provision in Scotland by telephone interview, surveying 85 TICS providers and 108 PSBs at grassroots level. The second phase collected more detailed information by conducting face to face interviews with 11 TICS providers and 17 PSBs at policy level.

5. Data collection took place between February and December 2004.

Main Findings

Pattern of demand for TICS services

6. Although a wide range of TICS services was available, the main focus was on interpreting practices and provision. This was because of the more obvious and immediate nature of the need for interpreting support. Since limited funding from PSBs tended to be allocated to the most pressing needs, translation or other types of communication support might not necessarily receive the same level of assistance or adequate provision.

Awareness of needs

7. There was lack of awareness on the part of PSBs of the needs of certain user groups. These included people who combined several communication needs, such as a non-English language speaker with learning needs, a foreign sign language user, or a bilingual person who

had lost the ability to communicate in English, their second acquired language, due to aging or dementia. In some settings, the TICS needs of the immediate service-user's wider family or community also needed to be taken into consideration.

8. There was currently a low take-up of translations available on request because users did not know what was available. It was predicted that demand for translating would grow as PSBs became more aware of the need to provide access to translated documents and as public service users became better informed of their right to access this material.

Service provision

9. Many participants in the research acknowledged the lack of joined-up thinking and disparity in service provision across Scotland.

10. PSBs suggested that there were 4 levels of interpreting. These were face to face interpreting provided by trained professionals, telephone interpreting, provision by in-house staff and provision by family, friends or members of the local community. There was still a significant reliance on untrained provision by the last two groups and by volunteers, especially for people with a visual impairment.

11. There was a significant shortage of trained interpreters working in certain languages and in specific domains or locations. Sometimes it was difficult to match interpreters to clients as required.

Data collection

13. Collection of data was not systematic and led to various anomalies in the reported demand for TICS. As many clients were booking their own interpreters, the bookings for services received from PSBs did not match the bookings actually made through TICS providers. In addition, heavy reliance on informal provision and subsequent lack of recording tended to disguise the actual need.

Quality Control

14. With rare exceptions, procedures for quality control and assessment, as well as police checks, were patchy or non-existent. PSBs tended to trust TICS providers to make sure that these were carried out or assumed that this had been done. Only 15% of spoken language providers, for example, carried out a Disclosure Scotland check on their staff.

Job Status

15. TICS provision in the public sector was often associated with low status and lack of career prospects. There were poor working conditions, no retainers paid and little job security. Services were often provided by volunteers or provided part-time by people with other jobs as there seemed to be no future in this field as a career.

New work methods

16. New technology, such as computer-aided translation, telephone and video interpreting, and alternative styles of working, such as relay interpreting, had not been adequately researched or quality-controlled.

Key Opportunities and Recommendations

17. This summarises the recommendations for action suggested by TICS providers and by PSBs.

Policy

18. There is a need for a language strategy for Scotland, a coherent TICS policy and sharing of information within PSBs and across the interface between different organisations.

Information requirements

19. Accurate and complete information on communication needs is required to inform policies in Scotland. The full communication spectrum needs to be considered. This covers over 100 languages, dialects, foreign sign languages and different ways of working and presenting material in English. More systematic collection of data regarding the demand and supply for TICs would help inform developments and track changes. It could also help identify trends in provision or gaps that are not being met.

Good practice

20. TICS providers and PSBs need to work together and developments need to be informed by feedback from end-users. Trainers and researchers must also be involved in the debate in order to contribute essential theoretical expertise.

21. BSL/English TICS provide examples of good practice across a wide range of indicators, such as providers' qualifications, quality control, professional framework, dispersal across Scotland and access to services 24 hours a day, 7 days a week. These tighter procedures should be adopted by all TICS providers.

22. Many stakeholders recommend the establishment of a Scottish certification or registration body for public service interpreters and translators, which may be inspired by models of existing provision, in particular BSL/English interpreting. This professional body could manage a register, act as a central point for information and resources, act as a repository for a bank of translated materials and evaluate agencies. The remit could be extended to include other aspects of communication support.

Training and development

23. There is a need for investment in the training of translators and interpreters. This should cover basic training, training in more specialised fields of work (legal, mental health) and professional skills (e.g. *chuchotage or whispering interpreting*). Trained translators and interpreters should be re-trained to work specifically in public sector domains.
24. The profile of interpreting and translating in the public sector needs to be raised, and the barrier between this type of work and the higher status conference interpreting should be reviewed.
25. Front-line PSB staff also require a range of training. This needs to cover the TICS policies and procedures of their own organisations and managing all communication events requiring TICS.
26. Users of public services need to be made aware of their right to **free** TICS support and the role and benefits of using trained providers.

ABBREVIATIONS

ACPOS	ASSOCIATION OF CHIEF POLICE OFFICERS IN SCOTLAND
ASLI	ASSOCIATION OF SIGN LANGUAGE INTERPRETERS
BAUK	BRAILLE AUTHORITY OF THE UNITED KINGDOM
BSL	BRITISH SIGN LANGUAGE
CACDP	COUNCIL FOR THE ADVANCEMENT OF COMMUNICATION WITH DEAF PEOPLE
CODA	CHILD OF DEAF ADULTS
CS	COMMUNICATION SUPPORT
CSW	COMMUNICATION SUPPORT WORKER
DDA	DISABILITY DISCRIMINATION ACT
DPSI	DIPLOMA IN PUBLIC SERVICE INTERPRETING
EAL	ENGLISH AS ADDITIONAL LANGUAGE
EFSLI	EUROPEAN FORUM OF SIGN LANGUAGE INTERPRETERS
GROS	GENERAL REGISTER OFFICE FOR SCOTLAND
SLIS	SIGN LANGUAGE INTERPRETING SERVICE
IoL	INSTITUTE OF LINGUISTS
ITI	INSTITUTE OF TRANSLATING & INTERPRETING
ITS	INTERPRETING & TRANSLATING SERVICE
JTI	JUNIOR TRAINEE INTERPRETER
LD	LEARNING DIFFICULTIES
LSF	LANGUE DE SIGNES FRANÇAIS
MEL	(NHS) MANAGEMENT EXECUTIVE LETTER
NASS	NATIONAL ASYLUM SUPPORT SERVICE
NIS	NATIONAL INTERPRETING SERVICE
NRPSI	NATIONAL REGISTER OF PUBLIC SERVICE INTERPRETERS
NVQ	NATIONAL VOCATIONAL QUALIFICATION
PS	PUBLIC SECTOR
PSB	PUBLIC SERVICE BODY
RAD	ROYAL ASSOCIATION FOR DEAF PEOPLE
RAG	RESEARCH ADVISORY GROUP
RNIB	ROYAL NATIONAL INSTITUTE FOR THE BLIND
RNID	ROYAL NATIONAL INSTITUTE FOR THE DEAF
RRAA	RACE RELATIONS AMENDMENT ACT
RSI	REPETITIVE STRAIN INJURY
SASLI	SCOTTISH ASSOCIATION OF SIGN LANGUAGE INTERPRETERS
SCVO	SCOTTISH COUNCIL FOR VOLUNTARY ORGANISATIONS
SL	SPOKEN LANGUAGE
SSE	SIGN SUPPORTED ENGLISH
STIC	SCOTTISH TRANSLATING INTERPRETING AND COMMUNICATION FORUM
SVQ	SCOTTISH VOCATIONAL QUALIFICATION
TICS	TRANSLATION, INTERPRETING & COMMUNICATION SUPPORT
UKABP	UNITED KINGDOM ASSOCIATION OF BRAILLE PRODUCERS
VI	VISUALLY IMPAIRED COMMUNICATION SUPPORT
WGIT	WORKING GROUP ON INTERPRETING AND TRANSLATING

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CHAPTER ONE INTRODUCTION

Background

1.1 This is the final report of a study conducted by a team of researchers from the Centre for Translation and Interpreting Studies in Scotland (CTISS) in Languages and Intercultural Studies, School of Management and Languages, at Heriot-Watt University, in Edinburgh. The research was carried out in 2004.

1.2 Although the study's primary focus is on translating and interpreting, it is set in a wider context informed by many strands of research and application. These include language policy and planning, race and equality, disability, minority ethnic communities, the Deaf community, refugees and asylum seekers and appropriate adult schemes.

Structure of the Report

1.3 This chapter outlines the report structure. The remainder of the report is set out as follows:

Chapter Two *Context* looks at the context which forms the backdrop to the study, focusing on the languages spoken in Scotland. It discusses the evolution of policies and initiatives in recent years and examines central issues relating to mainstreaming, language and communication barriers, translating and interpreting and communication support. It concludes with a brief overview of the legislation underpinning developments in these areas.

Chapter Three *Purpose and Scope of the Research* outlines the purpose and scope of the research. It describes the background to the study, and the purpose, aims and practical objectives of the research, and details the parameters for the research study. These parameters are the scope of the study, the subjects of study, the languages covered and the location and area of service delivery.

Chapter Four *Methodology* gives an overview of the research methodology. Annex 2 covers this subject in greater detail, providing background information on the informants and describing the procedures adopted for contacting the informants and data collection methods for each of the 4 stages of the study.

Chapter Five *Research Findings – Phase One: Stage One (TICS)* describes and discusses the results of the first stage of the research. This carried out an audit of the formal translation, interpreting and communication support (TICS) provision available to the public services in Scotland. Telephone interviews were conducted with TICS services.

Chapter Six *Research Findings – Phase Two: Stage One (TICS)* describes and discusses the results of the third stage of the research. This investigated the practices of TICS provision within public sector bodies in Scotland in greater depth. Detailed information was collected from TICS services in face-to-face interviews.

Chapter Seven *Preliminary Conclusions (TICS)* outlines the preliminary conclusions with reference to TICS.

Chapter Eight *Research Findings – Phase One: Stage Two (PSB)* describes and discusses the results of the second stage of the research which involved the carrying out of an audit of the formal TICS provision requested by the public services in Scotland. Telephone interviews were conducted with public sector bodies.

Chapter Nine *Research Findings – Phase Two: Stage Two (PSB)* describes and discusses the results of the fourth stage of the research. This looked at the practice of TICS provision within public sector bodies in Scotland in greater depth. Detailed information was collected from public sector bodies in face to face interviews.

Chapter Ten *Preliminary Conclusions (PSB)* outlines the preliminary conclusions with reference to the public sector bodies.

Chapter Eleven *Final Conclusions* sets out the final conclusions.

Annexes 1 – 10 provide more detailed information on the methodology and tools used to undertake the research.

CHAPTER TWO CONTEXT

Overview

2.1 This chapter looks at the context which forms the backdrop to the study, focusing on the languages spoken in Scotland. It discusses the evolution of policies and initiatives in recent years and examines central issues relating to mainstreaming, language and communication barriers, translating and interpreting and communication support. It concludes with a brief overview of the legislation underpinning developments in these areas.

Languages in Scotland

2.2 The main language in Scotland is English. This does not mean that English is the first or preferred language of everyone resident in the country. Some people may find it difficult, even impossible, to access information and services in Standard English.

2.3 As discussed by McPake and Johnstone (2002:29-30), there is unfortunately little statistical data available at present regarding the first or preferred languages or dialects and the other, additional languages of Scottish residents. There is also little information about people's level of literacy in any of these languages.

2.4 The 2001 census did not directly collect any information about the languages spoken in Scotland with the exception of Gaelic. The categories given are too broad to indicate specific potential language use or need. This means that an assessment of language use or communication needs in Scotland must be based on the data collected from questions regarding country of birth or ethnic background or any detailed information volunteered. As a general rule, the Executive has committed to "working to increase disaggregation of data by age, gender, ethnicity and disability" which could "assist the development of policies and the measurement of progress" (Scottish Executive 2002). This would depend on appropriate data relating to language use and communication needs being made available. GROS in consultation with the Scottish Executive has developed a new language question (which includes Gaelic and minority languages) that will be tested in April 2006. As with all questions on the census test they come with the caveat that these questions may not necessarily reflect what will appear in the 2011 Census.

2.5 Data regarding language use may be available from other sources such as the EAL services of local authorities. This information is incomplete since some authorities only collect information regarding the numbers requiring EAL support and do not cover the range of other languages spoken.

2.6 At its most simplistic, people in Scotland, both those who speak English and those who do not, may identify with one of the linguistic groups described in the following sections.

Users of one of Scotland's other indigenous (heritage) spoken languages: Gaelic or Scots

2.7 Gaelic is spoken by approximately 59,000 people, 1.16% of the total resident population of Scotland (Census 2001). It is assumed that there are many more speakers of Scots, but the “number of speakers has not been systematically quantified” (Scottish Executive: 2000). Under the European Charter for Regional or Minority Languages, the UK government has committed itself to promoting indigenous languages such as Gaelic and Scots in Scotland and the Scottish Parliament supports this aim.

2.8 Although most speakers of Gaelic and Scots may be bilingual in English, many feel more comfortable expressing themselves in their first language at stressful times. It has also been found that people suffering from certain illnesses, such as Alzheimer's, may find it difficult to communicate in a language other than their first learned language.

Users of Scotland's third indigenous language: British Sign Language (BSL)

2.9 British Sign Language was officially recognised as a minority language in the United Kingdom on 18 March 2003 and is estimated to be the first or preferred language of approximately 6,000 deaf people in Scotland. This figure does not take account of other users of BSL such as hearing family members or other people among the estimated 1,080,000 people in Scotland with a range of hearing loss who may have acquired BSL as an additional language (Figures: Scottish Council on Deafness).

2.10 There is no conventional written form of BSL.

2.11 There are, however, regional variations within British Sign Language.

Users of community languages

2.12 Community languages are usually defined as the languages of long-established communities in Scotland other than the indigenous languages already mentioned. These are mainly Bengali, Chinese (Cantonese), Italian, Polish, Punjabi and Urdu.

2.13 The 2001 Census set Scotland's total population at 5,062,011 and provided the following figures:

- 39,970 people (0.63% of total Scottish population) stated that they were of Pakistani and other South Asian ethnic background (born in over 30 countries including the United Kingdom – around 11,937 in Pakistan and 1071 in Bangladesh).
- 16,310 people (0.32% of total population) stated that they were of a Chinese ethnic background (born in over 30 different countries including the United Kingdom – around 3000 in China).
- 15,037 people (0.30% of total population) stated that they were of Indian ethnic background (born in over 30 different countries including the United Kingdom – around 6000 in India).

- It is not possible to assess the number of people speaking Italian or Polish from the available figures.

2.14 Urdu is currently the only non-European community language which can be studied in the Scottish Education system to Standard Grade.

2.15 People's ability to communicate in English may vary at different stages in their lives. Research conducted for the Joseph Rowntree Foundation found that as people age they may find it more difficult to manage in the English they had learned as a second language and need an interpreter (2004:19).

2.16 It is also important to note that the label of "community" can ignore internal differences, particularly around language and dialect and that language differences can also correlate to specificities of region, religion and caste (Alexander 2004: 37).

Users of languages spoken by more recently arrived individuals or communities in Scotland

2.17 These languages are spoken by more recent immigrants, refugees and asylum seekers. *A Language Identification Card* (Housing Resources Ltd: 2000) used by Glasgow City Council, Strathclyde Police and Greater Glasgow Primary Care NHS Trust lists 49 languages. Netto *et al* found in a study on minority ethnic issues in Scotland that more than 60 languages are currently used in daily life throughout Scotland and that in one authority, East Renfrewshire, pupils attending schools speak more than 52 languages (2001:39). McPake and Johnstone stated that the number of languages spoken in Scotland is likely to be over 100 (2000:58) and, more recently, that over 100 languages are now spoken by children in both Edinburgh and Glasgow (McPake: 2003). These figures also include the more traditional community languages.

2.18 No comprehensive data have been published regarding the range of languages and their frequency of use although Arabic and Japanese are now sometimes described as "community languages" in Scotland. The use of French, a language traditionally viewed as a "majority" European language, has also increased. It is spoken by minority communities of people from countries other than France (e.g. North Africa and other African countries).

2.19 Anecdotally, it is known that there are users of sign languages other than British Sign Language in Scotland (BSL) (e.g. Turkish Sign Language), but there are no available data.

Languages used by visitors and temporary residents in Scotland: students, tourists, business-people

2.20 These languages could be any of the world's spoken or signed languages (often estimated at 6,500-7,000). Even among citizens of the European Union, more people speak German as a first language (24%) than English and there are as many French and Italian speakers as there are English speakers, (16% respectively). Although English will often be the preferred second or additional language of visitors whose first language is not English, many may not master English beyond the level of competence required to hold a very basic conversation.

Users of English with special language needs

2.21 Even among people whose first or preferred language is English, there are special language needs. The Moser Report estimated that one in every 5 adults in the UK is not functionally literate (1999), although the percentage is as high as 65% for adult male prisoners. *The International Adult Literacy Study* of 1997 found that 30% of adults in Scotland may find their skills inadequate in relation to the demands of contemporary society with its highly print-saturated information age communication modes. Lo Bianco comments on these findings, stressing the challenges presented by the way in which “previously separate channels of literacy, visual, audio, gestural, iconic combine with the textual format to produce a hybrid and very complex kind of literate practice” (Lo Bianco, 2001: 39, 40).

2.22 People with visual or hearing impairments, while fundamentally relying on English, may require the language to be presented or packaged in a particular way. See paragraph 2.68.

2.23 People with special educational needs and those whose first language is not English may require access to information in plain English.

2.24 These special language needs do not take account of:

- the use of variations or dialects of English (or of other languages) such as Scottish English
- the need to master “international” English in certain contexts
- the ability to produce “plain” English as a professional skill

Identification with a language group

2.25 Many people will not wholly or solely identify with any single group described above. People may consider themselves to be English-language speakers, but “have literacy issues and needs related to Scots” (Addison 2001) or another language.

2.26 Minority ethnic groups are also not homogeneous. “There are differences within them based on gender, age, migration history and language spoken” (Alexander 2004: 58). This can lead to differences in how first and preferred language(s) are used and how well they are spoken. It can result in different dialects. It can also contribute to differences in cultural identity between generations within families.

2.27 Within minority language groups, there are minorities or sub-groups including women, young people, older people or disabled people. People from a minority language community may also be deaf and use BSL while the hearing members of their family speak Urdu. In addition it is probable that deaf people, who have been born in the UK and who have not acquired the community language of their parents, may feel culturally excluded from that community. People may identify with the Deaf community and use BSL, but have additional special language-needs as they are Deafblind.

2.28 People are located at various points along a number of *continua*. These include:

- the ability to manage in English
- a level of literacy in English
- the ability to manage in another language(s)
- the level of literacy in another language(s)
- general communication skills

2.29 People will not be at a similar point along all these *continua*. It is also important to note that their positions will not remain static (Alexander 2004: 18) but may be affected by factors such as age, education or experience, the particular context or setting, or acquired disability.

2.30 The wide range of types of language-competence and ability to communicate includes:

- bi- and tri-lingual people who are fully competent, with high-developed literacy in English and one or several other languages
- people who are highly competent and literate in one language, but with only spoken competence in their other language(s)
- people who have little literacy competence in any/their single language
- people who require their single language (English or another language) to be presented in a particular way due to their special needs

Policies and Initiatives

2.31 The Scotland Act 1998 gave powers to the Scottish Parliament to encourage equal opportunities and to ensure that Scottish public bodies respect equal opportunities legislation in their work in devolved areas. These areas include economic development, education, housing, justice and health, local government and transport.

2.32 This is of particular relevance for ethnic minority communities. The 2001 Census showed an increase in the total minority ethnic population from 1.3% of the total Scottish population in 1991 to 2.01% in 2001 (101,677 people). This might be partly due to the policy of dispersal (1999) and partly due to the efforts made to attract overseas students and workers to Scotland following devolution.

2.33 Equal opportunities legislation is also vital for deaf people. It is estimated that the prevalence of age-related hearing impairment in Scotland will rise by about 20% over the next 20 years (*Community Care Services for adults with sensory impairment* 2003: 3).

Mainstreaming

2.34 The integration of equality into all aspects of the Scottish Executive's work is central to its equality strategy (*Working together for Equality* 2000). This approach is called "mainstreaming" and requires policymakers and those delivering services to make sure that an equality perspective is built into all their work, planning and research. Such an approach was strongly supported by the Race Equality Advisory Forum (2001: 5).

2.35 The literature review of *Translating, Interpreting and Communication Support Services across the Public Sector in Scotland* (2002:14-15) identified a shift in perspective in addressing communication barriers from the "service provision model" to the "social inclusion model". The service provision model is mainly a reactive model and involves providing specialist services, such as interpreting and translation, to supplement established procedures. It is viewed as expensive and difficult to obtain. The social inclusion model builds on the view that everyone has a right to information and support, and provision must therefore be built in from the start. This newer model echoes the "mainstreaming" approach, but although discussed at "national" level may not have fully percolated down to regional and local levels.

Language & Communication Barriers

2.36 As outlined in *Making Progress: Equality Annual Report* (2003) the Scottish Executive is committed to equality, social justice and social inclusion. In its response to the Race Equality Advisory Forum's report, the Executive acknowledged that it is

"essential that we widen access to services, information and opportunities. We need to identify where there is a block to these and how it can be put right." (2003: Chapter 4).

2.37 The Race Equality Advisory Forum (2001) had reported on some examples of such blocks. Key issues in the Education Action Plan were "lack of effective communication ..." (p22). In the Enterprise and Lifelong Learning Action Plan, it was stated that "when setting up in business, many minority ethnic businesses do not know about the advice which is available to them free of charge, or cannot use this because of language barriers..." (p38) and that "language is a crucial barrier to participation in lifelong learning" (p43). In the Health and Social Care Action Plan, the barriers in accessing health and social care services related to communication (p47) and "minority ethnic carers face linguistic and cultural barriers".

2.38 Similarly, the report *Creating Linguistic Access for Deaf and Deafblind People: A Strategy for Scotland* (2002) indicated that "lack of linguistic access is resulting in inequality and social exclusion for many Deaf and Deafblind people across many areas of Scottish life including education, social work services, health, law, politics and leisure".

2.39 Language and communication barriers are repeatedly cited in the literature as preventing people from accessing information or services and taking advantage of opportunities. To address these concerns, the Scottish Executive established a British Sign Language and Linguistic Access Working Group in January 2001. Its remit was to look at wider linguistic access for deaf people and those affected by deafness following the

convening of the Translating, Interpreting and Communication Support Group (TICS) in September 2000.

2.40 Furthermore, in *A Partnership for a Better Scotland: Partnership Agreement* (2003), the Scottish Executive stated it would “develop a new focus for Scotland’s languages recognising both our heritage and our diversity” and that it would “introduce a national language strategy to guide the development and support of Scotland’s languages, including British Sign Language and ethnic community languages”. The Executive also stated that it would “give local authorities and other public bodies a responsibility to draw up a languages plan which reflects the communities they serve”, a measure which aimed to encourage action at local levels.

2.41 Commenting on the Gaelic Language (Scotland) Bill, the Commission for Racial Equality recommended that the Scottish Executive take the opportunity to amend the draft legislation to incorporate all the other languages used in modern Scotland. It warned that failure to do so could lead to development of a two-tier system which would not meet the needs of all Scotland’s people (2004).

Translation & Interpreting

2.42 The Race Equality Access Forum (2001: 12) stated that “translation and interpreting were repeatedly raised by members of communities as being key elements in equitable provision, accessing and use of public services” and the Scottish Executive acknowledged this in its response to REAF (2002) and again in *Making Progress: Equality Annual Report* (2003), stating that:

“issues around language provision and translating and interpreting services are key to ensuring access for all. The provision of translating and interpreting services is an important factor as it cuts across many different areas of life, from access to services and information through to sports and leisure pursuits and business advice.”

2.43 The Scottish Executive commissioned a comprehensive overview of the literature relating to translating, interpreting and communication support across the public sector in Scotland in 2001 which reported on service provision, models of service delivery, service user needs, training, guidelines and standards, and monitoring and evaluation (published 2002).

2.44 In this literature review and reports and studies relating to equality conducted over the last few years there is a consensus regarding the vital **need to address translation and interpreting as a cross-cutting issue** (for example, Race Equality Access Forum 2001; Brien *et al* (2002); *The Organisation and Provision of British Sign Language/English Interpreters in England, Scotland and Wales*; Scottish Association of Sign Language Interpreters 2002; Scottish Refugee Integration Forum 2003; Barclay, *Asylum Seekers in Scotland* 2003; *Investigation of Access to Public Services in Scotland using British Sign Language* 2004, Commission for Racial Equality 2004, etc).

2.45 The Scottish Refugee Integration Forum was established to explore issues across 6 different areas: positive images, community development and the media; housing; justice,

community safety and access to justice; children's services; health and social care; enterprise, lifelong learning, employment and training. It convened a group specifically to discuss translation and interpreting, as issues relating to these topics emerged in all other discussions. Of the 57 key actions published (2003), 6 refer specifically to translation and or interpreting. These were key actions (6), (7), (8), (9), (30), (47).

2.46 In recent reports references are made in particular to **specific issues** such as:

- the need to make the arrangements for access to and provision of translation and interpreting services transparent in race equality schemes
- differences in provision across the country
- the need to ensure staff awareness of translation and interpreting services and to provide guidance for staff in using interpreters
- the training of professionals in working with translation and interpreters
- the need for staff to signpost interpreting services to service users or increase their awareness of the availability of TICS services
- the funding and resourcing of translation and interpreting services
- increasing the availability/numbers of interpreters
- improving the training of interpreters
- improving the quality of interpreting services including the monitoring of interpreters

General recommendations

2.47 A number of **recommendations** emerged from the reports.

Funding

2.48 A successful funding mix to meet needs of minority ethnic infrastructure should also “make available more funding for language teaching and translation, networking, interpreting and research” (Scottish Executive (2002). *Review of Funding for Minority Ethnic Groups in the Voluntary Sector*: 9). This view is supported by the Scottish Refugee Integration Forum (2003) which recommends as key action (7) “the need to identify whether additional resources could be made available nationally or locally to allow individuals and community groups to obtain interpretation services”.

National Body

2.49 A recommendation also made by SRIF under Key Action (8) is that “a national certification/accreditation body for interpreters should be established”:

- The body should “take the lead in the development and monitoring of standards and play a part in developing a better understanding of the professional standing of interpreters and translators”.
- There should be “a Scottish register of interpreters and translators”.
- A list of “stand-by” interpreters should be compiled. These are qualified and experienced people who work in other areas. The list should also include employers who may be prepared to release them in emergency situations.
- The body should “ensure that the contribution made by interpreting and translating work is making to the social and economic integration of refugees is not lost and that any approach to, for example, certification is inclusive”.

Good Practice

2.50 Guidelines drafted by the Scottish Translation, Interpreting and Communication Forum (2002) list 16 Key Components of Good Communication Practice for All Public Authorities which include information relating to procurement of communication services and health and safety issues, quality of preparation and briefing of interpreters and disclosure.

Centralised Planning

2.51 Findings agree that there is a need for **centralised or top level planning and strategy** in contrast with the *ad hoc* approach common in the past. This would ensure coherence, avoid endless “reinventing of the wheel” and ensure effective progress. The Commission for Racial Equality stated that “provision of effective interpretation and translation services at a local level requires a national strategy” (2004) while the Race Equality Access Forum recommended that the General Medical Council, General Dental Council and the Royal Pharmaceutical Society of Great Britain ensure their members do not discriminate on grounds of...culture or language...by providing services which are...supported by the use of interpreting and/or translation services where appropriate (2001: 54) even recommending that the “effective accessing of interpreting services become important parts of the practice accreditation scheme” for primary care services (GPs, dentists and pharmacists). REAF further recommended the establishment of a centre of excellence to provide expert advice to health and social care professionals including examples of good practice around interpreting and provision of information.

2.52 National and centralised strategies, however, must lead to effective implementation and progress at local levels. In 2002, McPake and Johnstone reported that “as yet there is limited evidence that the shift at national level has translated into local or regional policy or practice” and, in 2004, the Commission for Racial Equality found that “only one authority

(out of 45) has a fully developed action plan to improve access to both information and services”.

Improving interpreting and translation service provision

2.53 Generally, “**interpreting**” is referred to more frequently than “**translation**” in reports. Perhaps because the need for interpreting may seem more immediate and pressing as a service user is likely to be physically present and so this need is more difficult to ignore. Perhaps too the need for “translation” is hidden in recommendations such as the need to “develop a communication strategy to include the provision of appropriate information in a range of languages” (Race Equality Access Forum 2001: 63) which could refer either to translation of existing documents or the creation of original documents in languages other than English. Translation should not be neglected because the demand is more invisible. Service users themselves may be unaware of the range of information from which they are being excluded. Furthermore, if translated information is being provided, service providers also “need to be sure that their target audiences are literate in the languages they speak” (McPake and Johnstone 2002: 39).

2.54 There has been little discussion to date of the use of **relay interpreting** as a provision. This technique of working through two interpreters could help facilitate a service for people with special language needs when no single interpreter can provide the link between the two languages of the end-users. For example:

- English <-> BSL/BSL <-> a particular sign dialect or style of communication used by someone with special needs or a mental illness
- English <-> German/German <-> German Sign Language
- English <-> French/French <-> Bamileke (a local language in Republic of Cameroon)

2.55 Similarly there has been little discussion of the role or experience of **telephone interpreting** or interpreting by video-phone or video-conferencing system, although regular use is made of these services in certain contexts.

2.56 There is no discussion of **machine-translation** as a solution.

2.57 An area which has received consideration is “**informal interpreting**”. This refers to interpreting provided by untrained family members, friends, members of the minority community or service providers with varying degrees of bilingual skills.

2.58 Such informal provision is often preferred by service providers as it is cost-effective, easy to arrange (often arranged by the client or patient themselves) and often avoids delays. Using informal interpreters, however, has contributed to problems such as the devaluation of professional interpreting skills as well as inflicting stress on the informal interpreter, especially if a child, and even on the person relying on the interpreting (McPake and Johnstone 2002: 33-35). Service users are now increasingly aware of the problems of omission and distortion of information as well as the potential bias and lack of impartiality if an “informal interpreter” is used. Research funded by the Joseph Rowntree Foundation (2004) found that minority language community users, too, have concerns that such informal interpreters may only have slightly greater language proficiency than themselves, may lack knowledge of official procedures and the jargon and terminology used by the service

providers. In addition, the availability of family and friends to interpret may depend on their other commitments and there are problems concerning embarrassment and breaches of personal privacy. It is also the case that the minority language community user often has a mistaken view of the informal interpreter's ability in the other language, as they can only make an accurate informed judgement based on the person's skill in the shared language, one of the two working languages.

2.59 The view generally held and promoted nowadays is that only professional, trained interpreters should be employed.

2.60 The findings of the Joseph Rowntree Foundation-funded study should also be considered. The study explored the experience of users (in England and Wales), looking at 5 minority ethnic groups, Polish, Chinese, Gujarati Indian, Bangladeshi and Kurdish, through semi-structured interviews conducted in the first languages of interviewees. It found that for most of the 50 interviewees:

“the relational status of their family and friends, their familiarity with them as part of the continuity of their relationship, the depth of knowledge that they had of each other, and their family and friends’ emotional commitment and loyalty, meant that they could trust these people to act in their best interests in carrying out the interpretation. These qualities could offset any concerns about their family and friends’ bilingual competence, especially lack of knowledge of jargon, or how systems worked, as well as any risks to confidentiality” (2004: 57).

2.61 The central issue in preferring family and friends as interpreters seems to be the issue of trust and the question of impartiality viewed from another perspective. Service users often feel that professional interpreters are biased towards the service provider.

2.62 The findings support the need for increasing service users' awareness of the role of professional interpreters and the benefits of using a professional interpreter. This might include changes in policy facilitating continuity (i.e. the same interpreter for follow up appointments), the assignment of a caseload of clients to an interpreter so that trust can be established through familiarity and possibly making it easier for service users to decline the services of a particular interpreter.

2.63 The Joseph Rowntree Foundation research indicated that it might be appropriate to encourage basic interpreting training opportunities for people who regularly provide an informal interpreting service for family and friends (Alexander 2004: 64). This could help to improve the service provided when such an informal service is plugging a gap in provision, such as in social settings or other settings where no formal provision is yet provided, or in more “routine contexts” where errors have more minor consequences (McPake and Johnstone 2002: 56). It could also be useful when a professional is not available or when a client chooses to bring their own interpreter even if formal professional provision has been made.

2.64 An area which has yet to receive much consideration is the recognition that interpreting is not necessary just for minority group service users but is also essential to enable professionals to do their job properly as service providers. This is consistent with the shift from the reactive service provision model (i.e. if the client wants it) to the social inclusion model (i.e. support and provision to ensure equal access to information and services

is made available which the client can then choose to use or not). Theoretically, a service provider may insist on providing an interpreter (for example, Lord Advocates' Guidelines) even if the service user declines this support. In this way the provider can make sure the user has a correct understanding of medical and other important information and that legal requirements are met.

Communication Support

2.65 Translation and interpreting properly involve the transfer of meaning between two naturally evolved languages. Enabling or supporting communication has a much wider application. It may involve a range of types of activity including working between different modes or formats of delivery of the same language or code-switching within the language.

2.66 The report of the Ministerial Action Group for Languages reported the wish to “move away from “entrenched monolingualism” (Scottish Executive 2000: 2) while Lo Bianco (2001) reported that there was a growing need to consider communication proficiency rather than language proficiency even when information was being shared within the same language.

2.67 In the widest sense, offering communication support may mean providing access to information in another language. This could be in printed form. SRIF emphasised the need for the “availability of information in languages other than English”, for example regarding housing (2003). Support could also be offered through services provided in another language by bilingual employees. Deaf people have stressed the importance of being able to interact directly (in BSL) with social workers, psychiatrists, care staff, etc. (SASLI 2002: 60). The Ministerial Action Group for Languages reinforced this by stating that in taking forward “current policies favouring respect for ethnic diversity and social justice, it will be important to provide opportunities for linguistic development”. Lo Bianco also deplored the fact that the minority language skills existing in the United Kingdom were under-exploited, and there were hardly any opportunities for development and few career paths for bilingual workers.

Types of communication support

2.68 Offering communication support may mean adapting the way information is presented in English (or indeed in another language). It can include the following activities:

- **Improving the communication skills** of service providers to help them adapt their style of language use to different contexts. This support could be targeted at people using the language as a second or acquired language or who have learning needs (e.g. writing or speaking in “plain English”). It could also mean developing services able to provide this function. Many translators also carry out work in their first language as editors or rewriters of texts for specific purposes.
- **Improving awareness of and skills in cross-cultural communication and cultural understanding.** For example, the Race Equality Access Forum (2001) and the Asylum Seekers in Scotland report (2003) stressed the need for service providers to be culturally sensitive. The REAF placed particular emphasis on services for children and in health and social care services (2001).

- **Reviewing the format in which material is presented.** This might include:
 - providing information normally available in a written format in audio format for people with visual impairments or literacy difficulties
 - Reviewing layout, font size and text design for people with visual impairments
 - Making information available in Braille or Moon for blind and Deafblind people
 - Providing restricted frame signing or hands-on-signing for Deafblind people (style of presenting BSL) or manual Deafblind alphabet or other form of communication preferred by the Deafblind person
 - Making spoken information “visible” for people with hearing impairments, but whose first or preferred language remains the spoken language rather than BSL (subtitles/captioning, lipspeaking, note-taking, speech-to-text provision)
 - Making spoken language available in a visual, gestural form of English such as Sign Supported English (SSE) or Makaton
 - Transliterating pieces of information (e.g. names) between a Roman form of script and another writing system (e.g. Cyrillic)
 - Adapting material in one register or dialect of a language into another (e.g. from/into the standard variety)
 - Using technology to increase access (e.g. text phone, text-messaging for deaf people and e-mail used by blind people)

2.69 There are also human aids to communication such as Deafblind Guide/Communicators and Communication Support Workers (CSWs). These are part of the educational support team, but to a large extent act as educational interpreters (BSL/English).

2.70 In Scotland, there are also professionals whose purpose is to aid communication and who have the expertise to assume the specialised role of **Appropriate Adult**. The role of an appropriate adult is to provide support and reassurance to any person being interviewed by the Police as a victim, witness or accused and to ease communication with the Police. Their role is not to act as a legal representative or advocate.

2.71 According to the 1998 guidance on interviewing people who are mentally disordered (Scottish Office 1998), an appropriate adult is required:

- if a police officer suspects that a person being interviewed has a mental disorder or if an external source (e.g. GP) or the interviewee provides this information.
- where unusual behaviour occurs (e.g. excessive anxiety, incoherent speech or failure to understand and answer questions).

2.72 Appropriate adults are people who have an understanding of mental disorder and are experienced and/or trained in dealing with individuals with mental disorder. In Scotland, they cannot be Police Officers, employees of the police force, relatives or friends of the interviewee, nor a carer, former carer or anyone in a longstanding professional relationship with the interviewee (Thomson 2004).

2.73 There is no information available about appropriate adults working in any language other than English. Theoretically a relay situation could arise where a police officer works in English, the interpreter works from English into another language and the appropriate adult works in the other language.

2.74 Another professional whose role in aiding communication may be to provide cultural information, an explanation of systems and procedures, and advice, acting on behalf of an ethnic minority individual or community, is an advocate or befriender. This is a role which people often want an interpreter to assume but codes of practice and ethics view this as inappropriate. It could, however, be provided as a separate service, with the person acting as an advocate working alongside the interpreter. The Scottish Refugee Integration Forum identified the need to explore the added contribution that advocacy services can provide and to promote the development of these services where appropriate (2003).

2.75 There is currently some discussion as to whether the roles of interpreter/mediator or interpreter/advocate should be merged in certain contexts or whether the functions should be kept distinct.

Legislation

Race Relations (Amendment) Act 2000

2.76 The Race Relations Act 1976 outlawed discrimination on racial grounds. Under the Race Relations (Amendment) Act 2000 the Executive, local government, non-departmental bodies and agencies, and voluntary and private sector bodies to the extent that they are discharging public functions are legally obliged to promote race equality in all their work. In addition to this general duty, Scottish Ministers have used their powers to make a statutory order placing more specific duties on certain bodies, in furtherance of the general duty. This includes a requirement to draw up a Race Equality Scheme showing how both the general and specific duties will be fulfilled – public authorities must have arrangements in place to ensure public access to the information and services they provide. To do this, organisations “need to consider what arrangements are put in place to meet the language needs, and be clear how the issues of language, policy and service delivery come together” (Commission for Racial Equality 2004).

The Disability Discrimination Act 1995 (c.50)

2.77 The Disability Discrimination Act 1995 (c.50) seeks to give disabled people equal and enforceable rights and access. Since 1999, service providers who provide goods, facilities or services to the public have been required to make “reasonable adjustments” to their provision.

2.78 Under the DDA, “service providers” are most companies or organisations that offer goods, facilities or services to the public whether the services are free or paid for, or whether they are provided in the public, private or voluntary sectors. Providers of education courses are also covered by certain sections of the DDA.

2.79 Reasonable adjustments for deaf people may include providing a BSL interpreter to access services, providing other forms of communication support (lipspeakers, note-takers or speech-to-text reporters) or making printed and online information accessible (using plain English, subtitling or signing on videos and DVDs).

2.80 The Disability Rights Commission’s Code of Practice states that service providers should anticipate reasonable adjustments and plan ahead as duties are owed to disabled people generally, not just when there is a declared need by an individual, echoing the social inclusion model of provision.

European Convention of Human Rights

2.81 The European Convention of Human Rights in the form of the Human Rights Act 1998, incorporated into domestic law, initially underpinned developments in the judicial system.

Art. 5 (Right to liberty and security)

“2. Everyone who is arrested shall be informed promptly, in a language which he understands, of the reasons for his arrest and of any charge against him.”

Art.6 (Right to fair trial)

“3. Everyone charged with a criminal offence has the following minimum rights:

To be informed promptly, in a language which he understands and in detail, of the nature and cause of the accusation against him....

(e) To have the free assistance of an interpreter if he cannot understand or speak the language used in court.”

Immigration and Asylum Act 1999

2.82 The Immigration and Asylum Act 1999, amended by the Nationality, Immigration and Asylum Act 2002, provides the legal basis for the dispersal of asylum seekers. Although immigration and asylum are matters reserved for the Westminster Parliament, refugees arriving in Scotland under the dispersal policy require access to and the support of the devolved services in Scotland.

Summary

2.83 Chapter Two covers the following topics:

- The languages spoken in Scotland
- Policies and initiatives aimed at encouraging equal opportunities and lifting language and communication barriers
- Relevant legislation
 - Race Relations (Amendment) Act 2000
 - The Disability Discrimination Act 1995
 - European Convention of Human Rights
 - Immigration and Asylum Act 1999

CHAPTER THREE PURPOSE AND SCOPE OF THE RESEARCH

Background

3.1 The research aims to provide a better understanding of current translating, interpreting and communication support (TICS) and develop proposals for future service provision. It takes forward the work of the Translating, Interpreting and Communication Support Group, established by the Scottish Executive in 2000, and the work of the Scottish Translating, Interpreting and Communication (STIC) Forum.

3.2 Much of the data collected by *fora*, by working groups and through other consultation exercises in recent years has been based on the knowledge of people working in the field and the experience of users. There is little empirical or statistical data available. A literature review of translating, interpreting and communication support across the public sector in Scotland was commissioned by the Scottish Executive in 2001 (McPake and Johnstone 2002). This highlighted the need to obtain and collate information on the demand for translating, interpreting and communication support. More specifically, it focused on the need for better knowledge about the differences in service provision offered by public sector bodies and a deeper understanding of their responses to requests for communication support.

Purpose of the Research

3.3 The purpose of this study is to provide policy makers with a picture of the services that are currently available. It also indicates possible ways of helping to develop the provision of future services.

Aims

3.4 The study focused on reviewing current practice in relation to the provision of translating, interpreting and communication support (TICS) within public services in Scotland. This included:

- examining the practices taking place within TICS agencies and public sector bodies in meeting demand and the strategies employed to do this
- developing a wider understanding of the practice of providing TICS services to asylum seekers, members of minority ethnic communities and deaf people

Practical Objectives

3.5 The study comprised two discrete phases:

- **Phase One** audited the formal TICS provision **available** to public sector bodies in Scotland and **requested** by public sector bodies in Scotland
- **Phase Two** investigated the practice of TICS provision within public sector bodies in Scotland, collecting more detailed information both from TICS providers and from public sector bodies

Parameters for the Research Study

Scope of Study

3.6 The study primarily investigated the practice of providing formal (i.e. professional) translating and interpreting support to users of community languages and deaf people in need of communication support. The investigation was widened to include languages other than those commonly viewed as “community” languages. See Chapter 2.

Limitations

3.7 The study concentrated on reviewing the types of communication support commonly required by members of the Deaf community¹ and Deafblind people. See Chapter 2. It did not attempt to cover the full range of communication support.

Subjects of Study

3.8 The primary objective of the research was to study TICS provision from the perspective of 2 of the 3 participants in the communication triad; the public sector bodies (PSBs) and the translating, interpreting and communication support (TICS) providers.

3.9 The term “public sector bodies” refers to both local authorities and other public agencies which provide services to the public, such as health providers, housing providers and criminal justice agencies.

3.10 TICS providers are units or agencies providing translating, interpreting or an aspect of communication support as a professional service (i.e. provided by salaried employees or paid freelance or sessional workers). More specific information regarding the profile of TICS providers is given in Chapter 5. See Table 1, Annex 2.

¹ “deaf” is used as a description from a clinical or medical viewpoint/Deaf is used to describe people who consider themselves members of a linguistic and cultural community

Limitations

3.11 The study did not directly seek the experiences and views of members of the black and ethnic minorities or Deaf communities regarding TICS provision.

Languages

3.12 No formal limits to the spoken/written languages and dialects² were considered as there was no way of precisely determining the languages required by users of the public services in Scotland.

3.13 The study also focused on services provided for those using British Sign Language (BSL)³ as their first or preferred language, as well as other communication preferences such as Sign Supported English (SSE), Irish-derived signs⁴, lipspeaking, and speech to text or Palantype. As the Deaf community includes people with visual impairments, the study also included the relevant range of communication support such as restricted frame signing, Deafblind Manual Alphabet, Deafblind hands-on signing, communicator guiding, Braille of documents, transcription into audio or other formats.

Limitations

3.14 The study did not explore the detailed communication support needs of deafened and hard of hearing people whose first language is likely to be English or another spoken language, such as a community language.

3.15 It also did not take into account the communication needs of blind people, concentrating rather on those of Deafblind people as members of the Deaf community. In practice, the coverage of provision for blind people was fairly comprehensive.

Location and Area of Service Delivery

3.16 The study focused on Scotland and on service provision within the country. Significant providers located outside Scotland, such as those supplying telephone interpreting services, have also been included in the review.

3.17 The study took all areas of Scotland into account. It included more remote areas such as the Highlands, and rural and urban areas, particularly those affected by the policy of dispersal, such as Glasgow.

² Described as “spoken languages” hereafter

³ BSL is a natural language rather than an artificially created communication system

⁴ Also described as St Vincent’s signs – see Glossary

Summary

3.18 Chapter Three describes the background to the research and outlines its purpose and objectives. It gives an overview of the parameters for the research study, covering the scope, subjects, languages, location and area of service delivery.

CHAPTER FOUR METHODOLOGY

Overview

4.1 This chapter gives a brief overview of the methods used to undertake the research covered by this report. **Full details are provided in Annex 2.**

Background

Research Phases

4.2 The research study involved two discrete phases, each of which was sub-divided into two stages.

4.3 **Phase One** investigated TICS provision.

- Stage 1 audited TICS provision currently *available* to public sector bodies
- Stage 2 audited TICS provision currently *requested* by public sector bodies

4.4 **Phase Two** collected more detailed information on the practice of TICS provision within public sector bodies in Scotland.

- Stage 1 gathered information from TICS providers
- Stage 2 gathered information from public sector bodies

Timescale

4.5 Data was collected between February and December 2004.

Strategy for the Collection of Data

Phase One

4.6 The survey was conducted by means of telephone interviews. These were partly structured and partly semi-structured to allow more flexibility in the style of response and to ensure comparability of results without excluding the possibility of obtaining additional qualitative data.

Phase Two

4.7 The study was conducted by means of qualitative, in-depth, face to face semi-structured interviews in order to access deeper layers of information.

Level of Study within Organisations

4.8 It was important to collect information within public sector bodies at grassroots level and at policy level but trying to address both these levels simultaneously could lead to a lack of cohesion in the findings. To alleviate this concern, Phase One: Stage Two telephone interviews (PSB) concentrated on the collection of information at grassroots (i.e. practitioner) level. Interviews took place with people directly involved with the public, who might themselves have been involved in interpreter-facilitated meetings or required to organise translation or communication support.

4.9 Phase Two: Stage Two face to face interviews (PSB) aimed to collect information at the level within organisations where policy is developed.

Summary

4.10 Chapter Four gives a short introduction to the methods used to undertake the research in this report. Please refer to Annex 2 for more details.

CHAPTER FIVE RESEARCH FINDINGS – PHASE ONE: STAGE ONE (TICS)

Overview

5.1 Chapter Five describes and discusses the results of the first stage of the research. This carried out an audit of the formal translation, interpreting and communication support (TICS) provision available to the public services in Scotland. Telephone interviews were conducted with TICS services.

Total Number of TICS Providers

5.2 The final number of TICS providers surveyed by telephone interview came to 85.

- 57 Spoken Language (SL) providers
- 14 Sign Language (BSL) providers, including one Deafblind specific unit
- 14 Visually Impaired Communication Support (VI) providers, of whom 2 were providers for those with learning difficulties

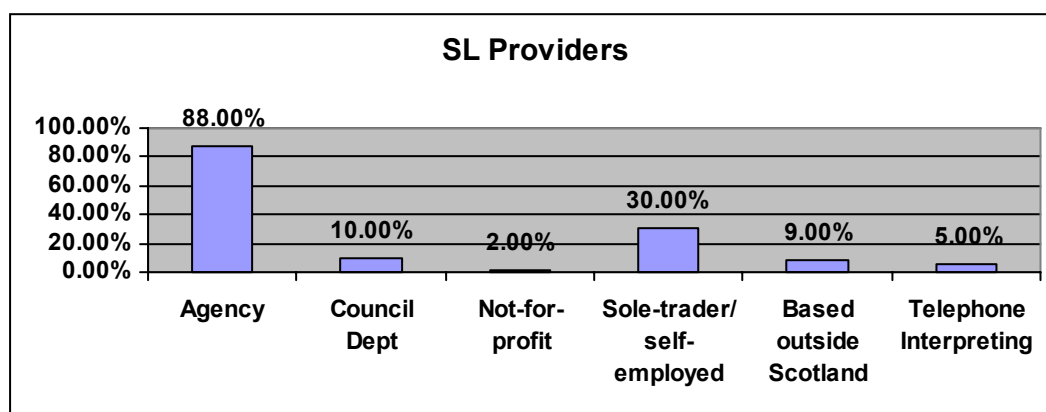
5.3 Figures 5.1, 5.2 and 5.3 illustrate the main features of the profiles of the 3 types of provider. A provider may appear in more than one category (e.g. based outside Scotland and telephone interpreting; sole-trader and agency).

SL Providers

5.4 The list of SL providers surveyed was believed to be comprehensive. These included the main providers of services to the public services in Scotland (including 6 council-based providers), based across Scotland.

5.5 The profile of SL providers differed from other provider types in that agencies predominated and there was only one not-for-profit organisation.

Figure 5.1 SL Providers



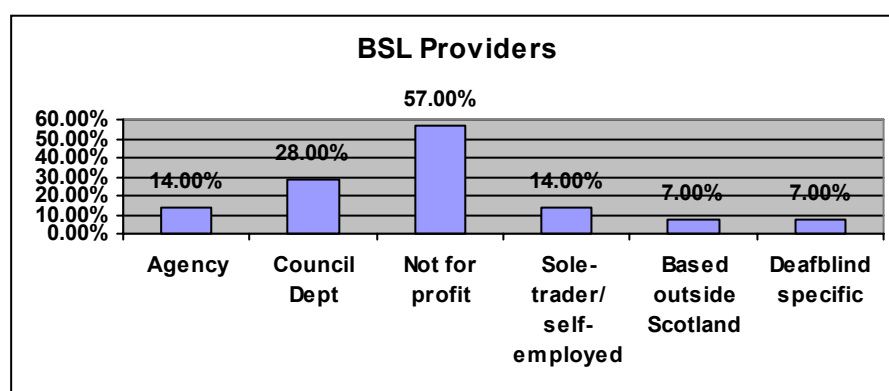
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BSL Providers

5.6 The list of BSL Providers to public services in Scotland was believed to be comprehensive. These were based across Scotland with only a single provider based in England.

5.7 The majority of the providers (85%) were not commercially-driven. More than half of the providers were not-for-profit organisations and more than a quarter were council-based.

Figure 5.2 BSL Providers



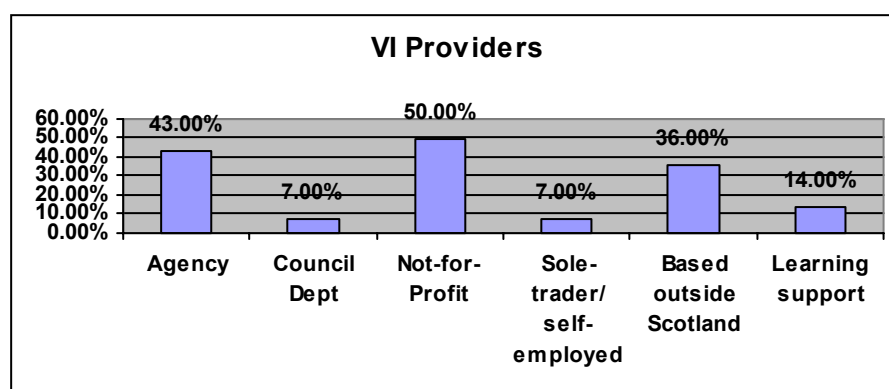
Rounded to nearest whole figure

VI Providers

5.8 The list of VI Providers to public services in Scotland was believed to be comprehensive. Two providers of support for people with learning difficulties were also included.

5.9 Over one third of the list consisted of providers located outside Scotland (in England), who supplied services in Scotland on a regular basis.

Figure 5.3 VI Providers



Position of respondents within the organisation

5.10 Most respondents were Managing Directors or senior managers in a variety of posts in their respective agencies. A number of sole owners/traders and freelancers were also interviewed. See Figures 5.1 – 5.3.

Profile of Organisation

Type of organisation

5.11 Some 68% of SL providers were independent organisations (i.e. commercial organisations, not including charities or local authority providers). About 31% (18) were units within larger organisations or branches of larger companies.

5.12 Half of the BSL providers (7) were independent organisations. Compared to SL providers, there were more BSL providers (50%) that were units or departments within larger organisations.

5.13 The majority of SL providers (84%) were registered as commercial businesses or self-employed/sole traders. Only 5 (about 8%) were public sector and only 2 (3%) were charities. By contrast, 50% of BSL providers were charities or in the public sector, and 78% of VI providers were charities.

5.14 This showed that SL providers tended to be more independent and more commercially-based than the other two types of providers.

Start of Trading

5.15 Around 64% of all providers had started trading since 1990. This matched the sharp rise in demand for TICS in the 1990s and to date. See Table 5.1. The longer-established organisations were mainly in the voluntary sector.

Table 5.1 Start of Trading

	Pre-1980	1980s	1990s	2000s	TOTAL
SL Providers	2	8	30 *	17	57
BSL Providers	0	3	7	3	13 **
VI Providers	7 ***	3	4	0	14

Notes to table * 13 of which started in or before 1994
 ** 1 missing (unknown) response
 *** 6 of which (or their parent organisation) were established in the 1800s

Staff size

5.16 The average number of staff employed was relatively low. In total, 80% of TICS providers had 10 or fewer employees. A substantial number of sole traders/owners were the

only members of staff in the business. Any employees tended to be full time, in particular when the workforce was relatively small.

Geographical cover

5.17 Suppliers delivered services to 4 area groups. These are listed in order from those with most cover to those with least cover.

1. Edinburgh/Lothians and Glasgow, followed by - but with a significant gap -
2. Central Scotland (i.e. Falkirk and Stirling areas) and Grampian (including Aberdeen)
3. Perth & Tayside (including Dundee area), Fife, Lanarkshire & Ayrshire
4. Borders, Highlands and Islands

5.18 Geographical cover had a strongly “localised” aspect in the case of SL and VI providers, (e.g. a number of VI agencies had been set up in order to serve particular areas) and demand-driven aspect (only one SL agency was domain-specialised).

5.19 On the other hand, there was more service dispersal in the case of BSL providers who tended to serve “Scotland as a whole” (approximately 64% i.e. 9 out of 14 respondents).

Overall trends

- As main population centres, Edinburgh and Glasgow were by far the best-served areas.
- A well-served area was often linked with the presence in that area of local councils or other institutions such as courts or TICS providers’ head offices.
- A significant number of TICS providers indicated that they served Scotland/UK/the world as a whole, depending on the location of the head office and on whether the local level of demand was deemed sufficient to sustain the business.
- The level of cover in Group 4 (Borders, Highlands & Islands) was fairly low.

Contact during and outside office hours

5.20 Office hours were to be understood as 9am to 5pm or 8am to 6pm for the majority of providers.

Means of Contact

5.21 Most TICS providers (94%) could be contacted during office hours through all the usual communication media i.e. telephone, fax and e-mail.

5.22 In the case of VI and BSL providers, the corresponding proportion was 100%.

5.23 A handful of SL providers relied on only 1 or 2 out of the 3 media e.g. telephone and e-mail, but no fax.

5.24 Fourteen providers (16%) overall (all 3 types) reported that contact in person was also made.

5.25 Other media used were also mentioned, in particular “website” by SL and VI providers (8 mentions or 9%) and “text-phone”. The latter was particularly referred to by BSL providers. Only 1 out of 14 (about 7%) did not use a text-phone.

Hours of Contact

5.26 No VI providers handled requests for services outside office hours and only 52% of other TICS providers operated an out-of-hours service. In a number of cases, this could only happen by prior arrangement (8 mentions or 9%).

5.27 In addition, only 42% of providers mentioned the possibility of 24/7 cover, thus reflecting the difficulties associated with accessing a 24 hour service. In 24/7 cover, the preferred modes of contact with on-call staff were telephone and mobile telephone. There were also 14 mentions (16%) of e-mail.

5.28 In a few cases, respondents indicated that Social Work Departments were expected to take over after hours.

Sectors served

5.29 Almost half (49%) of the SL providers mainly served the private sector while 31% were geared to serving the public sector as a priority. Some 18% of respondents indicated that there was an equal balance between public and private sector work within their organisations.

5.30 Predictably, 85% of VI providers and 70% of BSL providers served the public sector.

5.31 The following tables (Tables 5.2-5.6) summarise responses given to questions relating to the individual sectors provided with a TICS service and indicate the frequency of service (i.e. ten bookings or more per month).

Table 5.2 Sectors to which a service was provided

Sector	“Yes” Response (% of total responses)	10+ Bookings per month (% of total responses)
Health Sector	72 *	32
Legal Fields	70 *	15
Education Sector	69 *	19
Council/Council Services	66 *	30
Voluntary Sector/Charities	62 *	13
Employment Support	58 *	22
Welfare Benefits	52 *	18
Other	33 **	11
Immigration Service	29	20
Service to one particular service	31 ***	0

Notes to table Respondents could, of course, give several responses.

* The figure of 80 to 100% of VI and/or BSL providers is included in this total figure

** Scottish Executive, Government Agencies, Prisons, Customs, Chambers of Commerce, Tax Office

*** 26 respondents (30% of total respondents), including 80% of the BSL providers, indicated that the remit of their organisation was to service a particular sector

5.32 The same information is provided below by sub-area within each of the first four sectors.

Table 5.3 Provision to the health sector

Sub-area	“Yes” Response (% of total)	10+ Bookings per month (% of total)
Hospitals	60	9
GP surgeries	41	37
Mental health & counselling	39	9
Dentists	28	4
Pharmacies	16	14 *
Other	31	3

Notes to table * Although only 16% of respondents serve Pharmacies, the frequency rate was relatively high with 14% of the same respondents reporting 10 bookings or more per month.

Table 5.4 Provision to legal fields

Sub-area	“Yes” Response (% of total)	10+ Bookings per month (% of total)
Courts	65	9
Lawyers	62	7
Police	60	9
Procurator Fiscal Offices	42	5
Other	9	0

Table 5.5 Provision to the education sector

Sub-area	“Yes” Response (% of total)	10+ Bookings per month (% of total)
Local Authorities Education Depts. (schools)	58	8
Primary and secondary schools	48	7
Universities	45	3
FE colleges	42	14 *
Other	14	0

Notes to table * Although only 42% of respondents were FE colleges, the frequency rate was relatively high with 14% of the same respondents reporting 10 bookings or more per month.

Table 5.6 Provision to local council/council services

Sub-area	“Yes” Response (% of total)	10+ Bookings per month (% of total)
Social Work	60	16
Housing (+ homelessness organisations)	59	10
Other	42	11

Services Provided

Translation and/or Interpreting

5.33 Overall, 73% of TICS providers offered translation services while 59% offered interpreting services.

5.34 All BSL providers were involved in interpreting while this was the case for only 79% of SL providers.

5.35 Just over half (54%) of SL providers offered more translation than interpreting services; 16% reported that they only provided translation and 28% offered more interpreting than translation. Only 3 SL providers (5%) exclusively carried out interpreting.

Other Services

5.36 Eighteen providers (i.e. 26% of SL providers and 20% of BSL providers) also reported offering another service more frequently than translation and interpreting. The activities cited included:

- language training
- proof-reading
- cultural awareness and briefings

Services Provided by VI Providers

5.37 In the case of VI providers, the breakdown between translation and interpreting was not relevant, but there was a fairly balanced breakdown between “more tapes” (5 responses/36%) and “more Braille” (6 responses/43%).

5.38 Six respondents (43%) reported providing another service more frequently than communication support, including:

- rehabilitation
- support
- information services
- access consultancy
- awareness training

5.39 It is worth noting that the above figures concerning the provision of “another service” include both providers able to offer the particular service in-house and those who outsourced the service, but who wished to operate as “one-stop shops”. For example, not all 22 providers listed as providing Braille were able to organise in-house transcription and a number sub-contracted this activity. See Tables 5.7 and 5.8.

Table 5.7 Translating and interpreting related services

Translation and interpreting related service	Number of TICS providers per service (out of total of 85)
Face to face interpreting	55 *
Telephone interpreting	46
Interpreting via video or computer conferencing	22
Written transcription of oral texts	44
Dubbing into another language	32
Subtitling into another language	18
Minute-taking into another language	15
BSL offered as one of languages	22 *

Notes to table * Includes all (14) BSL providers. Respondents could provide several responses.

Table 5.8 Communication Support

Other communication support	Number of TICS providers per service (out of total of 85)
Note-taking in English	27
Lipspeaking	13
Deafblind manual alphabet	14 *
Deafblind hands-on signing	12
Restricted frame signing	11
Communicator guiding	7
Brailling of documents	22
Transcription of print into accessible format (e.g. large print, audio, electronic media)	24
Other	20

Notes to table * Includes all (14) BSL providers. Respondents could provide several responses.

Languages

Languages Offered

5.40 Less than a sixth (15%) of respondents endeavoured to offer any language requested, while 35% of TICS providers offered fewer than 5 languages. See Table 5.9.

Table 5.9 Overview of languages offered

Range of Languages Offered	No. of TICS Providers	% of Total
Any language	13	15%
Over 100 languages	8	9%
51-100 language	7	8%
10-50 languages	13	15%
Fewer than 5 languages	30	35%

Notes to table A number of respondents declined to answer.

Information regarding languages offered

5.41 Only 52% of TICS providers (44) indicated that they maintained a website or could provide other forms of documentation that listed the languages they offered.

Languages most in demand: spoken languages

5.42 Among SL providers, there were:

- 12 mentions of “minority languages only” as the most requested (21%)
The languages cited most frequently included the following:

Urdu	Punjabi
Chinese (Cantonese)	Hindi
Gujarati	Bengali
Arabic	Turkish
Kurdish	Farsi
Somali	Bajuni
Swahili	Lingala
Vietnamese	Albanian
French	Russian

The last two appear to indicate that a number of respondents listed majority European languages under “minority languages” by referring to the user groups. For example, Russian was associated with nationals of east European accession countries and French was associated with nationals of west or north African countries.

- 11 mentions of “west European languages only” (19%), in particular:

French
German
Spanish
Dutch
Italian

- 14 mentions of “both European and minority languages” (24%), including all of the above, as well as:

Chinese (Mandarin)
Thai
Japanese
Czech

Languages most in demand: sign languages

5.43 All 14 BSL providers mentioned BSL as the language most in demand in combination with English.

5.44 Even though SSE is a sign system rather than a language, it was nevertheless listed by 36% of respondents as one of the most common languages requested. With the exception of Irish Sign Language (1 mention i.e. 7%), no other foreign sign languages appeared to be offered.

Reasons for refusing work: SL providers

Timeframe or availability of staff

5.45 Around two-thirds (65%) of SL providers cited the lack of sufficient notice given by the client and their own inability “to provide the type of service requested”. The latter may be related to the substantial level of responses (44%) pointing more loosely to “language providers not being available or too busy”.

5.46 In other words, there might be “bottlenecks” in demand: busy times when not enough freelancers were available.

Type of service requested

5.47 Detailed responses relating to the type of service requested often mentioned that an activity such as teaching or subtitling was not offered or there was a lack of expert or technical expertise in a particular field such as legal or medical work.

Language or dialect

5.48 The language/dialect requested was an issue for 39% of providers who claimed that they did not have “anyone on their books who can offer the language/dialect requested”. Several agency managers also reported that they did not have “anyone on their books with the desired level of skills or even guaranteed qualifications”.

Location

5.49 Some 26% of respondents refused to accept work outside their own geographical area since they felt that the transport fees involved in providing a service in this location would lead to excessive costs.

Specific request (e.g. matching of interpreter)

5.50 Only 14% of providers considered that the reason might be that “specific requests (in particular gender) cannot be satisfied”.

Never refuse work

5.51 Just under a fifth (18%) had never or very rarely refused work.

Reasons for refusing work: VI providers

Timeframe and availability of staff or expertise

5.52 Most respondents (93%) considered that refusing work was the result of their inability to offer a satisfactory service rather than inadequate notice given by the client (57%).

5.53 The lack of someone on the books able to offer the service requested or with the appropriate level of skills/qualifications was less of an issue for VI providers. Some 29% of respondents mentioned “lack of human resources and being too busy”, suggesting “bottlenecks” in demand.

Location

5.54 Accepting assignments in a distant location was problematic for 22% of providers, again with respect to the travel costs incurred. The overall issue of costs and finance was separately raised by a further 22% of providers.

Specific request

5.55 Less than a tenth (7%) had refused work when they could not satisfy specific requests.

Never refuse work

5.56 The same proportion (7%) had never or very rarely refused work.

Reasons for refusing work: BSL providers

Location not an issue

5.57 BSL providers did not mention geographical location as a possible reason for preventing service delivery. This seemed to confirm that BSL services were dispersed over a wide area.

Specific request, expertise and timeframe

5.58 For 60% of these providers, the main area of concern was “not being able to satisfy the requirements for a specific request”. This ranked above the ability to provide the type of service (13%) or sufficient notice from the client (13%).

Availability of staff

5.59 BSL providers, like SL and VI providers, indicated that they sometimes had to refuse work because no one was available at the time” (bottlenecks in demand).

Refusal of Work: Conclusion

Demand exceeding availability

5.60 Almost 46% of all TICS providers, including 87% of BSL providers, considered that there were times when demand exceeded availability, in particular for interpreting. Attributable factors included human resources, rare languages, budget, time constraints or a combination of any of these.

Referring and outsourcing

5.61 When they had to refuse work, the majority of providers (79%) referred the client to another supplier or attempted to outsource the work.

Demand for TICS from PSBs in 2003

5.62 The figures given in Table 5.10 are approximations. The respondents had not been given advance warning of questions and had not checked their records for precise figures.

Table 5.10 Number of requests received by TICS providers from PSBs in 2003

Number of requests per year	SL Providers		VI Providers		BSL Providers		Total (85)
	Out of 57	%	Out of 14	%	Out of 14	%	
None *	0	0%	0	0%	1	7%	1%
fewer than 50	33	58%	8	57%	2	14%	50%
50 - 350	5	9%	3	21%	4	28%	14%
351 - 550	4	7%	1	7%	2	14%	8%
approximately 1000	1	2%	0	0%	1	7%	2%
1000+ (up to 6 figures)	9	16%	1	7%	4	28%	16%

Notes to table Some respondents declined to give an answer.

* The average number of requests received works out less than 1 per week.

5.63 According to Table 5.10, a significant number of providers (26%) received a high volume of requests from PSBs each year which was roughly equivalent to 1 to 250 requests per day. Anecdotal evidence and existing records, however, indicated that PSBs addressed fewer requests directly to TICS providers.

5.64 The researchers suggest that a number of respondents based their answers on their clients' needs (to interact with PSBs) rather than on the actual number of requests directly received from public bodies, thereby distorting the figures reported here. This correlates with some of the responses provided by BSL providers at the upper end of the scale, who specified that they were dealing with a high volume of requests per day "from clients going to public service appointments rather than from PSBs themselves".

SL providers

5.65 There were more SL providers at the upper and lower ends of the scale of requests over the period.

VI providers

5.66 Over three-quarters (78%) of VI providers received fewer than 350 requests per week in the given year.

BSL Providers

5.67 There was a wider spread across the scale in the case of BSL providers. A significant number of providers (28%) featured in the upper category.

Trends in demand

5.68 Some 56% of TICS providers reported that demand for their services was growing while 15% considered it to be stable. This applied in particular to translation and/or interpreting services (43% of SL providers) and to other services (34% of SL providers).

5.69 Only 12% of providers overall considered that the number of requests was decreasing. Few SL providers envisaged a decrease either for translation or interpreting and no respondents considered that demand for other services was decreasing.

5.70 Most VI providers (79%) considered that demand was increasing, in particular for Braille and audio services (29%) and for other services such as the processing of leaflets and work in the education sector. Another 29% stated that the increase applied to all services offered.

5.71 Three-fifths (60%) of BSL providers recognised an upward trend, in particular with regard to demand for interpreting rather than translation (53% and 7% of responses respectively).

Changes in languages or services requested in the last 3 years

5.72 This research was conducted in March and April 2004.

VI Providers

5.73 Although the response from VI providers was mixed, many respondents (64%) reported an apparent change of attitude or strategy on the part of PSBs. These were thought to be “more aware, planning in advance rather than asking for work as an afterthought”. In 29% of responses, the attitude change was directly attributed to the role played by the Disability Discrimination Act (DDA).

5.74 A third (33%) of responses pointed to an increase in the volume of services, as well as in the range of languages requested: “more complex and lengthy documents, more tapes and CDs, more foreign language in Braille”.

SL Providers

5.75 Although almost 20% of SL providers reported no change in demand, 43% did perceive a change. A further 39% did not answer the question for various reasons, including recent start-ups.

5.76 There were mixed responses as far as the languages themselves were concerned, but certain trends emerged. See Table 5.11.

Table 5.11 Trends in languages requested

% of SL Providers	View expressed by SL Providers
11%	more Eastern European languages, in particular Polish, Albanian
9%	more Asian/Indian subcontinent languages (but less Urdu and Bengali)
7%	more Arabic
5%	more African languages, in particular Somali
5%	more European languages, e.g. Scandinavian languages, Gaelic
4%	more Turkish
4%	more Far Eastern languages, in particular Mandarin Chinese

5.77 Other percentages were not significant because a wide range of languages were mentioned, but comments were of interest. Several reflected the fact that every new arrival of asylum requests was accompanied by a corresponding shift in demand, and therefore agencies had to offer at all times “a wider range of languages”, estimated to have risen over the period from around 6 to around 12 “core” languages. Others reported “monthly or even weekly” shifts in demand.

5.78 One respondent summed up some of the main trends by stating that, “as of November 2003, Turkish moved to top position, followed by French (to reflect problems occurring in Africa), Farsi and Kurdish. Somali arrived early in 2003, whereas there was no demand in 2001-2002.”

5.79 This linked shifts and changes to a number of factors ranging from UK immigration policy to world political events.

BSL Providers

5.80 Some of the trends previously identified were matched by responses obtained from BSL providers, such as the trend towards more foreign sign languages from Africa and Sri Lanka.

5.81 There was also more demand for BSL and for specific services such as lipspeaking and electronic note-taking.

5.82 Unlike VI providers, BSL providers reported that the level of requests for TICS services presented by PSBs still did not match the level of demand.

TICS Employees

Employees on Payroll

Translators

5.83 Fewer than 18% of SL providers and 7% of BSL providers had full-time (FT) or part-time (PT) translators on the payroll. The usual number of translators was between 1 and 3, but in some cases numbered 5 or 6.

5.84 SL providers tended to work:

- Into **OR** out of:
 - French
 - German
 - Spanish
 - Portuguese
 - Czechoslovakian
 - Slovak

- Into **AND** out of: Cantonese
Urdu
Punjabi
Mandarin
Bengali
Arabic
Farsi
Dari
Hindi

5.85 BSL agencies worked in BSL.

Interpreters

5.86 For interpreters, the figures of employees were respectively 20% of SL agencies and 71% of BSL providers.

5.87 Employees in SL agencies were usually also FT translators and might number up to 5-6 as stated above. One notable exception, a telephone interpreting company, had 1,500 FT employees.

5.88 In BSL agencies, up to 6 employees might be interpreters.

Communication Support

5.89 SL providers (with one exception) did not provide communication support services, other than translation and interpreting. Half of BSL providers (50%) and 13 out 14 VI agencies (93%) did provide such services.

5.90 Most staff in VI agencies (62%) did not deal exclusively with communication support services and might be involved in other administrative duties, both on a FT and PT basis.

5.91 In BSL agencies, a wide range of activities were covered from DeafBlind communication to social/development work, lipspeaking, Braille, and information or proofreading support.

Number of freelancers on the books

5.92 This information was provided in a fairly “free” manner by respondents, as the research team did not want to lead the respondents by suggesting categories. Responses have been classified according to typical patterns received.

SL Providers

5.93 Well over half of SL providers (65%) had up to 500 freelancers on their books. The range of freelancers is shown in Table 5.12.

Table 5.12 Freelancers on SL Providers' Books

No. of freelancers on SL providers' books	No. of providers with this number (out of 57)	%
Fewer than 10 freelancers	8	14%
10 - 50	10	17%
51 - 100	4	7%
101 - 500	15	26%
501 - 1000	4	7%
More than 1000	8	14%
No specific answer given	8	14%

Notes to table % rounded to nearest whole number.

5.94 It is worth noting that most of the providers indicated that they directed the bulk of the work at a core group of freelancers. No providers paid retaining fees to freelancers.

VI Providers

5.95 Some 64% of VI providers had up to 12 freelancers or volunteers on their books. The range is shown in Table 5.13.

Table 5.13 Freelancers (and volunteers) on VI Providers' Books

No. of freelancers on VI providers' books	No. of providers with this number (out of 14)	%
None	4	28%
Up to 12 freelancers and volunteers	5	36%
12 – 60 freelancers and volunteers	2	14%
More than 100 volunteers	1	7%
More than 1000 volunteers	1	7%
Unspecified no. of volunteers	1	7%

Notes to table % rounded to nearest whole number.

5.96 A significant proportion of the workers on the books appeared to be volunteers and no retaining fees were paid.

BSL Providers

5.97 Most BSL providers (86%) had up to 50 freelancers on their books. The range of freelancers is shown in Table 5.14.

Table 5.14 Freelancers on BSL Providers' Books

No. of freelancers on BSL providers' books	No. of providers with this number (out of 14)	%
Fewer than 10 freelancers	3	21%
10 - 50	9	64%
51 - 100	2	14%

Notes to table % rounded to nearest whole number.

5.98 No retaining fees were paid, although one BSL provider was hoping to be in a position to do so in the near future.

Freelancers conducting translation/interpreting

5.99 Information on whether freelancers carried out both translation and interpreting was incomplete. There was a wide range of responses from “none” to “minority”, “some”, “half”, “third” and “most” and no pattern could be detected.

Records

5.100 Almost three-quarters (72%) of SL providers, 64% of VI providers and 93% of BSL providers kept records detailing the skills and experience of their workers.

5.101 Providers who did not keep records tended to be smaller, one-person agencies with few freelancers or who rarely subcontracted. In the case of non-independent organisations, details were kept by the parent company.

Format of records

5.102 Most providers kept records either in paper or electronic form, or both, depending on the type of information. SL providers tended to use electronic databases rather than paper files and there appeared to be a move towards upgrading records to electronic format.

Updating of records

5.103 Practices regarding updating of records varied from one provider to another, ranging from updating following each assignment to *ad hoc* data entry (weekly, monthly, quarterly or yearly updates).

5.104 Only in one instance was a member of staff appointed for this particular task.

5.105 In VI agencies, updates were tied in some cases to staff supervision and appraisal.

5.106 BSL providers pointed out that existing directories (e.g. SASLI, CACDP) where freelancers’ information was regularly updated, removed the need to keep records.

External directories or registers used

5.107 BSL providers relied more on dedicated registers than other types of providers. These included the registers of members or trainee members of the professional associations such as the Scottish Association of Sign Language Interpreters (SASLI), which holds the only register in Scotland, and the Council for the Advancement of Communication with Deaf People (CACDP-IRP), the only registering body in England, Wales and Northern Ireland.

5.108 In the case of VI providers, the approach remained *ad hoc* and based on “word of mouth”.

5.109 Just over half of SL providers used a reference source. For the most part these included the registers of members of the professional bodies, the Institute of Translating and Interpreting (ITI) and the Institute of Linguists (IoL), as well as a variety of other sources including Yellow Pages and Internet companies. See Table 5.15.

Table 5.15 Positive responses to use of a reference source by type of provider and main references used

Type of Provider	% of total of that type of provider using reference source	Main reference source used
BSL Providers	86%	SASLI & CACDP
SL Providers	54%	ITI & IoL
VI Providers	28%	Volunteer Centres

Freelancers’ qualifications

SL Providers

5.110 Providers were asked about the qualifications held by the staff employed by them. Table 5.16 summarises the most striking responses from SL providers.

Table 5.16 Qualifications held by freelancers employed by SL Providers

Qualifications	Positive response (out of 57)	Negative response (out of 57)
IoL qualifications ⁵	39 responses (68%)	
College/university degrees *	40 responses (70%)	
NVQ/SVQ		27 responses (47%)

Notes to table Respondents could provide several responses.
Some respondents did not/could not respond.
* Not necessarily in languages or translation or interpreting.

5.111 Respondents found it difficult to answer accurately due to the large numbers on their databases, as well as the wide variety of providers’ profiles.

5.112 It was also pointed out on a number of occasions that academic qualifications do not exist for some minority languages.

5.113 IoL qualifications (both in translation and DPSI) as well as college/university degrees were mentioned by many, but many respondents did not have any information about NVQ/SVQ courses, or thought them irrelevant.

5.114 Overall, the emerging picture was of a wide range of qualifications held by practitioners, which was not necessarily linked to the specialist area of translation or interpreting or even languages.

⁵ Diploma in Translation; Diploma in Public Service Interpreting

VI Providers

5.115 Qualifications were not prerequisites for the majority of VI providers, because few actually do exist (as pointed out by many respondents), and are often little known (RNIB). Preference was therefore given to in-house training in an attempt to bridge the qualification gap.

BSL Providers

5.116 As regards BSL providers, there was some recognition of IoL and even NVQ/SVQ qualifications, but by far the most frequently held qualifications reported were college and university degrees. See Table 5.17.

Table 5.17 Qualifications held by freelancers employed by BSL Providers

Qualifications	Positive responses (out of 14)		
	“a few” freelancers	“some” freelancers	“most” freelancers
IoL qualifications	3 (21%)		
College/university degrees *	12 (86%)	4 (28%)	4 (28%)
NVQ/SVQ	4 (28%)		

Notes to table Respondents could provide several responses.
Some respondents did not/could not respond.
* Not necessarily in languages or translation or interpreting.

Freelancers’ membership of professional associations

5.117 See Table 5.18. Only in the case of BSL providers did there seem to be a clear link between the workforce and one specific professional organisation. For 86% of providers, the main reference organisation for freelancers was SASLI.

Table 5.18 Freelancers’ membership of professional associations reported by Providers

Type of provider	No. of providers responding	% of type of provider	Professional Association	Proportion of freelancers
SL Providers (57)	16	28%	ITI	“most”
	11	19%	IoL	“most”
	11	19%	NRPSI	“some”
VI Providers (14)	3	21%	UKABP	
	3	21%	BAUK RNIB	
BSL Providers (14)	12	86%	SASLI	“all/most”
	3	21%	EFSLI	“some”
	2	14%	CACDP	“some”

Notes to table Respondents could give several responses.
Responses were not received from all respondents.

Recruitment, Training and Qualifications

Selection criteria: SL Providers

5.118 SL providers valued experience and qualifications in equal measure over membership of professional institutions or specialism and competence. See Table 5.19.

5.119 Beyond that, there was a whole range of loosely defined skills and abilities which translators and interpreters should have according to those recruiting them or outsourcing work, including vague notions such as “totally bilingual” or “professionalism”.

Table 5.19 Most cited selection criteria (SL Providers)

Selection criterion	No. of providers cited by	% of total of type of provider
Experience	20	35%
Qualifications	20	35%
Membership of professional institutions	10	17%
Specialism	6	10%
Competence	6	10%

Notes to table Respondents could give several responses.
Responses were not received from all respondents.

5.120 In terms of qualifications, the largest number of respondents expected an applicant to have a degree, followed by a specialised qualification or DPSI, to hold membership of a professional organisation, or to have a postgraduate qualification. See Table 5.20.

Table 5.20 Preferred qualifications (SL Providers)

Selection criterion	No. of providers cited by	% of total of type of provider
Degree	27	47%
Specialised qualification or DPSI	14	24%
Membership of professional institutions	6	10%
Postgraduate qualification	4	7%

Notes to table Respondents could give several responses.
Responses were not received from all respondents.

5.121 Respondents defined experience in many different ways, such as in years or hours of interpreting or by the number of words translated. When respondents used years as a benchmark, they advocated between 1 and 5 years (or more) experience. See Table 5.21.

Table 5.21 Length of experience advocated (SL Providers)

Length of experience	No. of providers cited by	% of total of type of provider
1 year	3	5%
2-3 years	9	16%
3-5 years	7	12%
More than 5 years	3	5%

Notes to table Respondents could give several responses.
Responses were not received from all respondents.

5.122 Others referred to specific volumes of work e.g. 400 hours PSI experience (interpreters) or a minimum of 50,000 words (translators), or even to specific knowledge and/or experience, such as working in court or community experience.

When selection criteria were not applied

5.123 Nearly 50% of respondents confirmed that prerequisites might vary depending on the languages offered, indicating that there was no available qualification, such as the DPSI, for some of the rarer languages.

5.124 Most of the responses could be summarised as follows: it was not always possible to rely on qualifications alone in order to recruit. In cases where language professionals for a given language were in short supply, or where demand for a particular language was so low that no professional could possibly earn a living based on offering that language, TICS providers were likely to be less “picky”. In such cases, experience would be more important and the language professionals might have few or no qualifications, and simply be “bilingual”.

Selection criteria: VI Providers

5.125 Given the scarcity of existing qualifications (only a single mention of the BAUK qualification), VI providers defined selection criteria in a variety of ways and in loose terms, focusing on perceived related skills. Audio skills (i.e. “good voice production, reading English accurately, clear speaking”) featured most, as well as keyboard and IT skills and use of technical equipment, followed by knowledge of the standard English Braille code. See Table 5.22.

Table 5.22 Most cited selection criteria (VI Providers)

Selection criterion	No. of providers cited by	% of total of type of provider
Audio (voice production) skills	5	36%
Keyboard/IT skills & use of technical equipment	5	36%
Knowledge of standard English Braille code	3	21%
BAUK qualification	1	7%

Notes to table Respondents could give several responses.
Responses were not received from all respondents.

5.126 Consequently, there was generally no minimum level of training or qualification expected and 50% of providers indicated that language professionals were expected to “learn on the job”. When qualifications were mentioned, they tended to be of a very basic and general nature, such as GCSE English, or to be required only for specific assignments.

5.127 Similarly, no minimum level of experience was expected (50% responses) although, were it possible, it would be deemed that up to 3 years would be appropriate for more specialised tasks.

Selection criteria: BSL Providers

5.128 BSL providers allocated selection criteria into more clearly defined categories, as shown in Table 5.23. Minimum levels of training were mapped on to the existing stages of identified and accredited training programmes. Among preferred selection criteria, the possession of a qualification slightly outweighed experience. See Table 5.24.

Table 5.23 Most cited selection criteria (BSL Providers)

Selection criterion	No. of providers cited by	% of total of type of provider
SASLI/CACDP registration status	6	43%
Language & interpersonal skills	5	36%
Qualification and experience	3	21%

Notes to table Respondents could give several responses.
Responses were not received from all respondents.

Table 5.24 Minimum level of training/qualification requested by BSL providers

Selection criterion	No. of providers cited by	% of total of type of provider
Trainee/Associate with SASLI/CACDP	6	43%
SASLI registered	6	43%
Heriot-Watt University Certificate	4	28%
Stage 3	3	21%
Stage 2	2	14%

Notes to table Respondents could give several responses.
Responses were not received from all respondents.

5.129 A minimum level of experience, between 2 to 5 years, was recommended by a number of respondents but 47% of these also pointed out that the question is “not applicable due to market forces”, or because SASLI membership status was the primary criterion.

In-house training

5.130 In-house training was run or required for new applicants by 75% and 93% of VI and BSL providers respectively, but by only 21% of SL providers.

SL Providers

5.131 Under “in-house training”, SL Providers listed:

- probation periods
- general induction sessions on internal procedures
- *ad hoc* assignment reviews
- providing access to a code of ethics
- providing access to specialist public service terminology

5.132 The training in question was only compulsory in 9% of cases, although it was “strongly recommended” in 18% of cases.

5.133 The length of training reflected the patchy and general nature of the provision, ranging from one half day in total to a maximum of 1.5 days a week over 8 weeks.

5.134 Only 2 SL providers stated that they would be prepared to subsidise specialist training for new recruits, such as DPSI training.

VI Providers

5.135 By contrast, training provided by VI agencies tended to be specific, geared to enhance a number of skills of direct relevance to the agencies' activities and involved the use of specialised equipment. Examples included large print formatting, audio/PC/software training, and Braille competency training.

5.136 Time allocated to this training, however, was fairly minimal. It could take up to the equivalent of 4 days or be subsumed into general induction or probation periods.

5.137 Six out of the 10 providers offered compulsory training but none of the staff concerned had to bear the costs of this.

BSL Providers

5.138 The vast majority of BSL providers offered in-house training. This appeared to be more lengthy and more structured than that provided by VI providers and particularly by SL providers. Apart from a couple of mentions of "generic induction" or "*ad hoc* assignment reviews", references were made to specific mentoring or shadowing or interpreter assessment programmes over several weeks or months, and even on an ongoing basis.

5.139 BSL providers were also alone in making specific references to external continuous education programmes offered by Heriot-Watt University, SASLI or Deaf Action. Most were prepared to subsidise the cost of the training 54% of BSL providers expect their staff to undergo. This meant that 92% of staff did not have to bear the costs of training.

Initial assessment procedures

5.140 Table 5.25 summarises respondents' statements when asked about selection criteria and recruitment procedures in general. They reported that they relied on various combinations of tests, interviews and references. SL providers appeared to rely on samples to a greater extent than VI and BSL providers.

Table 5.25 Selection methods combined and used by the different types of TICS providers

Selection methods	SL Providers (%)	VI Providers (%)	BSL Providers (%)
Samples of work	40%	7%	21%
Tests	47%	57%	57%
Interviews	40%	57%	71%
References	56%	50%	86%
Other	5%	14%	7%

Notes to table Respondents could give several responses.
Responses were not received from all respondents.

5.141 Detailed analysis of returns from SL agencies, however, indicated that results could be distorted as tests and samples of work were not required on a systematic basis. Researchers reported, for example, that tests were only acknowledged by providers as an existing or occasional assessment method when they were prompted through specific questions.

Police check – Disclosure Scotland

5.142 It is significant that only 15% of SL respondents reported that translators, interpreters and communication support workers registered on their books have to complete a police check. VI providers also reported a low percentage (35%), but a number of these providers may have come into less direct contact with end-users. Staff on the books of 93% of BSL providers had undergone a police check.

Rates of pay

SL Providers

5.143 In most cases, rates were not based on a national scale, except when dealing with BSL interpreters. There was one single mention of the ITI Bulletin Survey. Providers claimed to align themselves “on market rate”, or on “freelancers’ rate”, or to negotiate on “a case by case basis”.

5.144 Translators’ rates, usually calculated per 1,000 words, ranged from £50 to £120 (per 1000 words). Most operated with a minimum fee (£12 to £60).

5.145 Almost a third (30%) of SL providers paid a premium for urgent assignments, week-end or evening work or for highly technical content.

5.146 Variations in rates were said to be dependent on languages, scripts, direction (into or out of English), client, location, degree of specialisation or whether “the provider is busy”. Most TICS agencies would offer different rates depending on the language provided. Freelancers’ rates were lower if they were paid by a TICS agency than when an assignment was contracted directly by the client.

5.147 Interpreters' rates revealed various practices from a wide range of hourly fees (from £10 to £45) for 35% of respondents to a more narrow range of daily fees for 32% of respondents (£150 to £400). Over a third (37%) of respondents declared that they paid expenses and 23% paid extra for travelling time or unsocial hours.

BSL Providers

5.148 BSL providers presented a very different picture as all providers except one offered rates based on an external or national scale (SASLI in 70% of cases).

5.149 Interpreters' rates were much more streamlined than in the case of SL providers and 80% were paid the standard hourly fee of £22 per hour.⁶ A few operated on a half-day rate of £90 and a full day rate of £180.

5.150 Arrangements concerning travel time, mileage, specialist subject, overnight stay, and so on were more clearly set out and more consistent than in the case of SL providers. There were also very specific hourly rates for communication support workers, providing, for example, lipspeaking or note-taking.

5.151 Variations in rates were attributed to SASLI registration status by 80% of respondents rather than to a range of factors as in the case of SL providers. SASLI provides guidance hourly rates for Registered and Trainee Interpreters.

VI Providers

5.152 Many volunteers were involved in the provision of services, so the question was not deemed to be applicable in a number of cases.

5.153 The remainder of the staff were employed full time and communication support was only one part of their job. When a pay scale was mentioned for communication support workers on the payroll, it ranged from £14 to £20 per hour. Variations were attributed to a number of vague factors ranging from "experience" to "qualifications" and "languages".

Quality Control

BSL Providers

5.154 BSL Providers had by far the tightest procedures for quality control. These included user feedback forms, regular meetings of monitoring groups involving end users and random observation by external experienced practitioners, as well as complaints handling procedures.

VI and SL Providers

⁶ Rate correct at time of research (2004); now increased.

5.155 For VI and SL providers, quality control procedures were either extremely sketchy or did not exist at all.

Summary

5.156 Telephone interviews were conducted with 85 TICS providers, gathering data on the profile of each organisation, the range of services provided, TICS employees, recruitment, training and qualifications and quality control. Chapter Five summarises the main findings from the large amount of detailed data collected.

CHAPTER SIX RESEARCH FINDINGS – PHASE TWO: STAGE ONE (TICS)

Overview

6.1 Chapter Six describes and discusses the results of the third stage of the research. This investigated the practices of TICS provision within public sector bodies in Scotland in greater depth. Detailed information was collected from TICS services in face-to-face interviews.

Background

Profile of respondents

6.2 A total of 11 organisations⁷ contributed to this stage of the study which took place between October and December 2004. See Table 6.1 for the range of organisation types included.

6.3 Everyone responding on behalf of an organisation⁸ held a senior position in that organisation and was therefore, in a position to comment with authority regarding policy. They included 3 Directors, 2 Service Managers, a Head of Service, Company Secretary, Administrator, Sales Director, Equalities Manager and, on one occasion, both the Managing Director and Business Development Manager.

Table 6.1 Type of organisation

Private Agency			Council-based		Charity/not-for-profit	
Spoken languages	Telephone interpreting	BSL	Interpreting & Translation Service	Interpreting (BSL specific)	BSL	Deafblind
2	1	1	3	1	2	1

6.4 Organisations were located across Scotland, as shown in Table 6.2. One telephone interpreting provider was based outside Scotland, but was included as it was a significant provider to public services in Scotland. There are currently no telephone interpreting providers based in Scotland.

⁷ Following cancellation of an agreed interview, it proved impossible to re-arrange the 12th interview (with a telephone interpreting agency) within the timeframe for the research.

⁸ Although a more “case study” approach is adopted for this stage of the study, it remains important to protect respondents’ confidentiality. Therefore, identity codes (A-K) will only be used when most useful and where it should not be possible to identify the respondent directly.

Table 6.2 Geographic area covered

UK-wide	Scotland-wide	Edinburgh			Fife	Glasgow		Tayside
			+ east coast + central belt	+ east coast + Highlands			+ west coast	
1	1	1	1	1	2	2	1	1

The range of services offered by the organisations contributing to this stage of the study is indicated in Table 6.3.

Table 6.3 Services provided

Identity code(s) of providers	No. of providers	Translation		Interpreting		Communication Support
		spoken language(s)	BSL	spoken language(s)	BSL	
A	1	X *		X **		
B/E/F/G/I	5	X		X		
C/D/J	3		X		X	X
K	1		X		X	
H	1					X

Notes to table
 * arranged through another supplier
 ** telephone interpreting supplier

Requests from Public Sector Bodies

Demand for services

6.5 Nearly all respondents agreed that the level of demand for translation, interpreting and communication support in the course of the year was constant. Two respondents (I and K) considered there to be peaks in demand, but felt that there was no pattern to this.

6.6 Despite the apparent consensus, 2 respondents (B, C) stated that demand was increasing, and another respondent (F) stated that demand was decreasing.

6.7 It is worth noting that the above views were generally shared by both providers of “spoken” and BSL services.

Peaks in demand

Translation

6.8 All respondents providing translation services agreed that there were no typical peaks in demand either on a weekly or monthly basis.

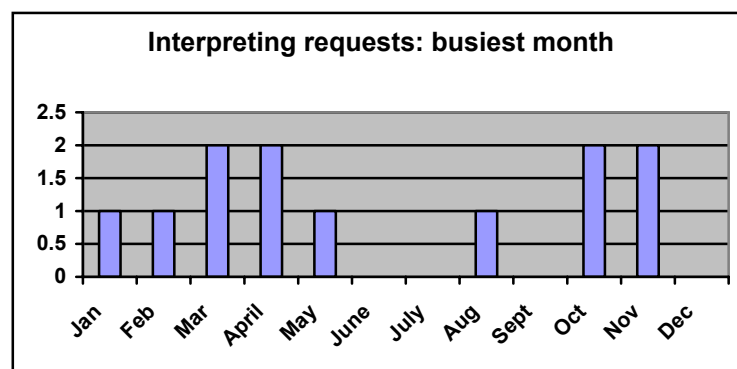
Interpreting

6.9 One respondent stated that Monday was the day when most requests for interpreting were received. The majority view was that “all weekdays” were when most interpreting requests were received.

6.10 There was no agreement about the busiest month in the year. Almost 50% of the providers involved in interpreting, and who had information available, gave a different month or combination of months.

6.11 No respondents named June, July, September or December as “busiest months” which might suggest that these are typically the quietest months in the year. See Figure 6.1.

Figure 6.1 Interpreting requests: busiest month



6.12 The majority of respondents, (5 out of the 8 respondents with information available) did not identify any specific peaks in demand during the day, stating only that “daytime” was the busiest time. One respondent specified that “80% of requests were received during office hours”, another narrowed the response down to “morning” being the busiest time (“because of court-work”) and a third pointed to 10am as the busiest time of the day.

Communication Support

6.13 Four respondents had information to give regarding communication support. Two of these respondents indicated that there were no peaks in demand. Other views were similar to the patterns identified for interpreting, in that weekdays generally were the busiest days, with Monday being the day when most requests were received and that there was no peak in demand during the year.

Busiest times linked to events

6.14 Opinion was fairly evenly split about whether busy periods were linked to particular events. Six respondents felt that this was not the case, while 5 respondents believed that it was.

6.15 Suggested triggers for stimulating work included post-holiday periods (after Christmas or Easter), the start of the school year, college work, immigration hearings, start of

a trial, big court cases, times in the year when there were more medical needs and the Edinburgh Festival.

Contingency plans to cope with higher demand

6.16 Respondents from all organisations except one (H) claimed to have strategies in place to manage higher demand.

6.17 There appeared to be little overlap in the specifics of planning, although the common theme was to try and source additional staff (often referred to specifically as interpreters). This was mainly achieved by contacting other suppliers or by sourcing freelancers by searching in-house databases or public domain registers.

BSL Providers

6.18 BSL Providers adopted a variety of strategies. These included contacting other providers and contacting freelance interpreters on the SASLI (3 responses) or ASLI⁹ registers. An organisation employing 6 full-time staff stated it would contact these registers.

6.19 One provider did say it was difficult to make contingency plans as there were so few interpreters and suggested the solution was “to take less time off”.

SL Providers

6.20 SL providers adopted the same strategies as BSL providers in some respects (e.g. contacting other suppliers):

- contacting the interpreting and translating services of other councils (2 respondents)
- contacting a telephone interpreting organisation (the specific company was named)
- buying in interpreters from abroad
- purchasing interpreters from outside the organisation (1 respondent). This only occurred in around 2% of cases¹⁰

6.21 One clear difference compared with BSL Providers was that there was no reference made to the use of a public domain register of translators or interpreters. One organisation referred back to its own database.

6.22 A second difference is the clear statement made by one respondent (telephone interpreting supplier) that there were management protocols in place in case of disasters such as hurricanes in Florida. No details of these protocols were provided.

⁹ An association based in England.

¹⁰ It was not fully clear whether this was due to availability of interpreters or budgetary constraints, or because there was only a need to do this in 2% of cases.

Work outside office hours

6.23 Without exception, all respondents said that requests for work at weekends and during unsocial hours (outside “office hours”) amounted to only a small part of the work they undertook.

6.24 Five respondents who had access to data (only one BSL) stated that the proportion of requests for work outside office hours was as follows: a third, 10-15%, 5% and 1.85%. The first two statements seemed to be at odds with the general trend since one third, and even 5-10%, is not a particularly small proportion. Moreover, the telephone interpreting respondent (A) stated that 35-40% of their work is outside office hours and, as indicated above, telephone interpreting suppliers may be the solution adopted when other suppliers cannot meet demand.

Detail of demand for work outside office hours

6.25 The value of the data given has to be treated with some caution because of the small numbers responding. There were 6 in all, covering both SL and BSL Providers. Three of those who responded were awaiting more specific information.

6.26 The fact that these 3 were awaiting information, that a further 4 respondents had no data available to them and that an eighth kept no record of such demand is in itself indicative of the lack of clear data available regarding these issues.

6.27 One respondent stated that requests for work outside office hours were fairly evenly divided across the different time zones and this is perhaps the only conclusion which can be drawn. See Table 6.4.

6.28 It should also be noted that no one proposed 6am to 9am as a time when work is required. This may indicate that those needing a service simply delay their request until the office opens and gives rise to the concern that, rather than reflecting actual need, demand for services may be adapting itself to what is available.

6.29 The same respondent who stated that 35-40% of their work took place outside office hours said that this mostly occurred during the daytime at weekends but they were awaiting precise information.

Table 6.4 Breakdown of demand outside office hours

Time period	BSL Providers	SL Providers
All week between 6pm – 11pm	2	1
All week between 11pm – 6am	1	0
All week between 6am – 9 am	0	0
Weekend daytime	1	1

Contact outside office hours

Requests from PSBs to Providers

6.30 The majority of providers could be contacted by public sector bodies requesting interpreting outside office hours, including the respondent providing only communication support. Only 2 respondents, one SL and one BSL (C and F), could not be contacted.

System for accessing interpreters

6.31 Of the 9 providers who could be contacted by PSBs, only one BSL Provider (J) stated it could not contact interpreters outside office hours. In 3 cases, however, the provider referred the PSB making the request to a list or source of interpreters and the PSB itself made arrangements to contact an interpreter.

6.32 These sources included the Crown list if the request was from the Police i.e. the list of SASLI registered interpreters with specialisation in justice (K). The PSB could also be referred to the social work standby system which held a list of interpreters who had agreed to be contacted (F and K). One provider without an on-call system in place did have an emergency list of interpreters who had indicated on registering that they would be available out of hours. This emergency list was passed on to the police, social work services or GP, etc (B).

6.33 A further respondent had a list of interpreters who had declared themselves available to be contacted, but the respondent (I) was unclear about who actually made contact. Another respondent (D) had a similar arrangement with interpreters, but made it clear that the respondent would contact the freelance interpreters even if the respondent was off duty and not working.

6.34 In communication support specifically, a senior guide communicator with a mobile phone was available and all guide communicators had the number in case of an emergency (H).

6.35 Only one respondent (A) had a strong strategy in place. This provider employed full time staff working in 20 languages who were scheduled to be on call up to 6 weeks in advance. As these language staff were based in many countries, the provider could call other parts of the world, thereby taking advantage from a practical point of view of global time differences.

6.36 It is unclear from this research how effectively *ad hoc* arrangements would work if interpreters on a list were not available

Dialects and varieties of language

6.37 TICS providers gave a range of responses relating to the dialects or varieties of language which they had been asked to provide. Tables 6.5 and 6.6 list the responses and the number of providers giving this response. Respondents were too few in number to be numerically significant but their responses supported broader trends.

6.38 Two sign language varieties were mentioned by an SL Provider and a respondent providing Deafblind communication support referred to Punjabi and Urdu. This demonstrated some blurring of boundaries between SL, BSL and VI or CS provision.

6.39 Another finding was that no BSL respondents mentioned any variety of spoken language. This may have been due to emphasis on the “sign language” aspect of their provision, highlighting the common failure to take the second language in which these interpreters work into full consideration.

6.40 Two respondents asked what distinguished dialect from language and one stated that there was no monitoring of dialects in their organisation (A). This respondent was also awaiting information regarding the top languages for Scotland.

6.41 One council interpreting and translating service had no information available.

Table 6.5 Dialects and varieties of (spoken) languages

Dialects/spoken language varieties	No. of responses
African French	1
Algerian	1
Cantonese	3
Farsi dialect	`
Kurdish Surani	3
Mandarin	3
Non Sylheti Bengali	1
Punjabi	3
Tigrinian	1
Urdu	3

Table 6.6 Foreign sign languages, dialects and varieties of sign language or communication support

Foreign sign languages, dialects and varieties of sign language or communication support	No. of responses
American Sign Language (ASL)	2
Irish Sign Language	1
International Sign	1
Irish-derived signs (St Vincent)	2
Sign Supported English (SSE)	2
Hands-on signing	1

Requests to SL Providers for BSL

6.42 Four out of the 6 respondents active in the domain of spoken language provision, including the telephone interpreting provider, had received requests for BSL, further confirming blurring of boundaries.

6.43 The main strategy for handling such requests was to refer them to other providers (2 responses) or to the social work sensory team (2 responses, both from council interpreting services). The former approach was adopted by the telephone interpreting respondent (A), referring the request to a national organisation (RNID) rather than using the registers which BSL providers had previously mentioned (i.e. SASLI, ASLI¹¹ or CACDP). This respondent also mentioned that it was investigating video-technology which suggested that it was considering extending its provision to include BSL.

Requests for foreign sign languages

6.44 Two BSL Providers had received requests for foreign sign languages.

6.45 The strategy employed by one respondent was to refer the request to another provider, but one organisation employed a couple of interpreters who could deal with the type of request received.

6.46 Another respondent (who had not received any such requests to date) felt that it might be appropriate to assess the situation using International Sign Language¹² before determining any action. This respondent added that there were 2 LSF (French Sign Language) interpreters available.

Requests for foreign Deafblind communication support

6.47 One respondent (H) reported requests for foreign Deafblind support.

6.48 The strategy adopted was to resort to relay interpreting as a solution, working through a Punjabi interpreter and a guide communicator. This was a rare mention of relay interpreting actually being employed as a solution by any provider.

Records

Records of work

6.49 All respondents maintained records of jobs completed.

Format of records

6.50 Records were maintained in 3 formats:

- paper format only (one respondent)
- electronic format only (5 respondents)
- both paper and electronic versions of records (5 respondents)

¹¹ The only currently recognised register in England and Wales is the CACDP-IRP.

¹² Very few interpreters are skilled in International Sign Language and not all deaf people master International Sign Language.

6.51 There was a fairly even split between SL providers and BSL/Communication Support providers regarding the format in which records were maintained. The system adopted appeared to bear no relation to the size or organisational type of provider. For example, each of the 3 council interpreting and translating services (ITS) used a different format to maintain their records.

Type of information recorded

6.52 Routine information recorded by most respondents included language, date of work, duration, client details, type of job and details of the linguist providing the service. The only piece of information recorded by all 11 respondents was the date of the assignment (the job).

6.53 Two providers omitted a single piece of information. One respondent did not record the language and another did not record the type of work. This was presumably because there tended to be only one option for these particular providers

6.54 Two respondents failed to capture 3 of the expected pieces of information. Despite offering both translation and interpreting, neither kept a record of the duration or type of job. One, a council ITS (B), kept no record of client details, while the other, a private agency (F), kept no record of the linguist who had provided the service.

6.55 Other types of information recorded covered a wide range, with some specific to the type of work, such as proof-reading specific to translating.

6.56 One third of respondents agreed about the need to record:

- the source of the work (i.e. who requested it and where the call originated)
- invoicing details

6.57 Around a quarter recorded:

- transport/mileage costs
- request date of the work

6.58 Table 6.7 details the full range of information provided.

Table 6.7 Information Recorded

Information	No. of responses
Language(s)	9
Date of assignment	11
Duration	9
Client's details	9
Type of job	8
Linguist's details	10
Transport costs/mileage	3
Number of units	1
Who requested work/where call originated	4
Invoicing details	4
If assignment had to be re-scheduled	1
Grade of work (i.e. level of priority)	2
Request date	3
Proof-reader details	1
Contact in PSB	1

Use of records

6.59 Records were mainly used to:

- assist the running of the business in practical terms (invoicing, payments, allocation of work)
- facilitate reporting to boards, sources of funding or other bodies with whom a level of service had been agreed
- inform the management of the business (monitoring of performance, market demand and planning for the future)

6.60 Details are provided in Table 6.8.

Table 6.8 Use of records

Type of use	No. of Providers
Used for billing/to pay linguist	7
To check if performance targets are met	4
To identify demand/needs	3
To forecast future development in languages/resources	3
For statistical purposes (how many requests unable to fulfil)	2
For statistical purposes (analysis generally)	2
In connection with recruitment drive	2
To manage commendations/complaints	1
To inform service level agreement	1
To calculate how many hours work have been carried out for particular PSB	1
To calculate hours done by guide communicators	1
For information to funding party/report to members	1
To inform report to board of directors	1
For allocation of work, matching and prioritising	1

Records of unfulfilled requests

6.61 A substantial majority of respondents stated that they kept records of requests for work which they were not able to satisfy. Only two (B and H) did not record this type of data.

Format of records

6.62 Records were kept in the same types of format as the records of work completed by providers. Respondents kept records in the same format with one exception. One respondent (K) kept records of work completed in both and paper and electronic formats but recorded unfulfilled requests only on paper.

Type of information recorded

6.63 Information recorded regarding unfulfilled requests for work tended to fall into two categories, in addition to any information of the type previously described. The first category captured the reasons why the request was unfulfilled; the second category outlined the steps taken to try to fulfil it.

6.64 Reasons in the first category might include:

- termination of the call by the client (so the request was not completed)
- problems meeting the language required
- unavailability of the linguist required
- cancellation of the job either by the client or by the TICS provider

Use of records

6.65 A range of responses was given by the 9 respondents who maintained records. With a few exceptions, these tended to focus on identifying gaps or problems in provision and then attempting to address these. Individual companies might attempt to fix gaps in provision by recruiting staff or act collectively, perhaps by liaising with the professional body, SASLI.

6.66 One respondent reported that addressing the need might not be straightforward. Having identified the need for a full time post, the company had been unable to fill the post (J) at the time of the study.

6.67 Table 6.9 provides details of the responses returned.

Table 6.9 Use of records of unfulfilled requests

Gaps & problems in provision
- identify gaps
- identify quantity of unmet requests
- staffing levels
- problems with technology (A)
Addressing gaps and problems
- recruitment where there is a language need
- need for FT post identified (but could not fill post)
- liaise with SASLI and lobby government
Quality control and monitoring of performance
- transparency
- handling complaints
- assessing whether performance targets met
- assessing level of demand and whether can be accommodated in the future *

Notes to table * 2 responses: one from a BSL provider and one from a SL Provider

Administration of records

6.68 Only 2 respondents employed staff whose primary remit was to manage the records. A substantial team was employed by one of these respondents (A) consisting of 4-5 analysts and forecasters. The second respondent (C) covered two discrete areas of Scotland with different sources of funding and separate offices. Each office was managed by a different administrator.

6.69 For the remaining 9 respondents the maintenance of records was part of the remit of administrative staff although one respondent stated clearly that there was not enough administrative support in this regard.

Service Providers

6.70 One of the purposes of this study was to build up a more detailed profile of the language or service providers (linguists) employed by TICS providers whom they could access as required on a full-time or freelance basis.

Total number of linguists

6.71 Providers contributing to this stage of the study were selected for their range of activities and for their geographic coverage. They included a number of the more substantial TICS providers, with access to a large number of linguists, and were not representative of the typical TICS provider. See Table 6.10.

6.72 Since BSL providers were mainly dealing with a single language in addition to English, they had access to a smaller number of linguists. They were the only providers to mention in-house staff specifically.

Table 6.10 Number of linguists

Identity code of provider	No. of linguists (in decreasing order of number)
A	1500
F	500
I	Several hundreds, with several dozens of core linguists
G	249
E	140
B	130
H	40 guide communicators including 4 -5 good Deafblind manual
C	7 permanent in-house staff + 10 regular freelance staff
K	4 registered interpreters (in-house) 4 trainee interpreters (in-house) 1 male interpreter (special arrangement 2 days per week) + SASLI register of interpreters
J	2 in-house staff 3 regular freelance (from SASLI register)
D	No figure quoted, but uses two British registers: SASLI and ASLI ¹³

Linguists able to offer both translation and interpreting

6.73 Three BSL Providers reported that all the linguists they worked with could offer both translating and interpreting as a service. On the other hand, 4 SL Providers reported that the linguists they accessed could not all provide both these services.

6.74 In view of their core activities, 2 respondents (A and H) considered that this did not apply to them.

Linguists offering both translation and interpreting

6.75 The majority of respondents had no information on whether the linguists they accessed offered both translating and interpreting or felt that this question did not apply to them.

6.76 A definite response was received from one BSL Provider (C) stating that all their linguists provided both services. Two SL Providers (F and G) reported that 50-60% and 153 out of 249 respectively of their linguists offered both services.

¹³ SASLI register lists 45 registered and 15 trainee interpreters; the ASLI register lists around 250 full members

Linguists offering only translation

6.77 Two SL Providers responded to this question. One (F) stated that the majority of their linguists offered only translating and the other (G) stated that this service was only offered by 5 out of 249 linguists.

Linguists offering only interpreting

6.78 Four respondents had no figures or information to offer and a further 4 felt this topic did not directly concern them. The 2 SL providers who responded to the translating question gave corresponding figures, one (F) stating that a minority of the linguists accessed offered only interpreting and the other (G) that 91 out of 249 linguists offered this service.

Linguists offering communication support

6.79 Respondents' understanding of the term "communication support" was inconsistent. For example, one SL provider included BSL, a natural language, in their response, whereas BSL providers were likely to have considered SSE (a visual gestural form of English) as a variety of BSL rather than a type of communication support. Overall, the definition of communication support adopted was narrowly focused on the needs of deaf and Deafblind people. It did not embrace the broader definition of increasing access to written or spoken language.

6.80 A significant number of respondents (4) felt the topic did not relate to them and one had no information. One respondent (K) reported that none of their linguists offered any form of communication support.

6.81 Linguists working for the remaining 5 respondents varied in number and offered a range of types of communication support. See Table 6.11. As expected, the majority provided services for the Deaf community.

Table 6.11 Communication support

Identity code of provider	No. of linguists providing communication support
H	40 guide communicators
G	20 linguists (BSL, support for visually impaired people...)
D	4 note-takers 8 lipspeakers requests for speedtext would be referred to RNID
C	4 Deafblind communicators (among full-time staff) 1 lipspeaker (level 3)
J	1 in-house linguist + freelance

Special translation and interpreting provision

Deaf Translators

6.82 Only 4 BSL Providers provided information about Deaf translators.

6.83 Those who responded did not report significant numbers of Deaf translators on their books. The 4 responses were:

- no Deaf translator
- any work referred to a media company
- bilingual sessional (freelance) contacts
- one Deaf translator employed, but not as a translator

6.84 Concerning the translating or interpreting qualifications held by the Deaf translators, 2 respondents reported that the translators held no qualifications and the third that the translator was “bilingual” and “involved in interpreter training”.

Interpreting between English and a foreign sign language

6.85 Only 2 respondents (BSL Providers) had interpreters capable of working between English and a foreign sign language or International Sign Language.

Interpreting between two sign languages

6.86 These same two respondents had interpreters who could work between two sign languages.

6.87 One respondent said that none of the interpreters who provided this service were Deaf, but that 3 Deaf staff could provide such a service. The other respondent indicated that 2 of their interpreters offering such a service were Deaf.

Interpreting between foreign spoken languages and BSL

6.88 Only a single respondent (BSL provider) had access to an interpreter who could work between a foreign spoken language and BSL.

6.89 One SL provider, however, stated that they had never received such a request.

Conclusion

6.90 When providing the level of service required to meet the most straightforward demands was sometimes difficult, it was not surprising that there was little provision in the more specialised areas.

6.91 It should be noted that although the instances above are very small, the responses were obtained from a very small sample of respondents. The numbers are likely to be more significant, country-wide, across all agencies.

Distribution of men/women working as interpreters

In general, the number of female interpreters exceeded male interpreters. See Table 6.12. Two respondents reported an equal number of male and female interpreters on the providers' books

Table 6.12 Male and female interpreters

SL Providers		BSL Providers	
Identity code of provider	No. of male: female linguists	Identity code of provider	No. of male: female providers
A/I	50:50 men: women	C	3 men out of 7 in-house staff
G	106 men: 143 women	D	3 men only in Scotland (6-7 in England)
		J/K	no men employed in house; if male interpreter required, use freelance
		Communication support	
		H	10 men: 30 women

Notes to table 3 respondents had no information/figures.

Spoken languages

6.92 For a range of languages¹⁴ there were only one or two interpreters available, which meant that it was likely that the interpreting support available would only be offered by either men or women. One respondent (I) commented that the number of men and women working as interpreters was fairly equally balanced.

6.93 The languages for which male and female interpreters were not equally available were identified by 4 respondents. See Table 6.13.

¹⁴ Amharic, Azeri, Eritrean, Ethiopian, Thai, Dutch, Tigrinyan

Table 6.13 Spoken languages for which almost all interpreters are either male or female

All men	Almost all men	Almost all women	All women
Amharic Dutch Eritrean Ethiopian Tigrinyan (G)	Arabic languages African languages (A)		Chinese languages (B)
	Somali Kurdish (F)		Azeri Czech Hakka Portuguese Romanian Serbo-Croat Spanish Thai (G)

Notes to table One council ITS had no information to provide.
BSL Providers stated no concerns regarding this distribution.

Deafblind communication support

6.94 One respondent (H) indicated that, contrary to expectations, it was extremely difficult to find work for men working with Deafblind people. Most Deafblind women preferred to be with female guide communicators (as mainly used for social purposes). For cultural reasons, most Deafblind men also preferred female support since it was “better to be led by a woman if you are a man”.

Age

6.95 Three providers, including the largest (A), had no information or were awaiting information on the age of interpreters. A few respondents provided specific information which was broadly similar in each case.

30-59

6.96 The remaining 7 respondents were clear that a significant majority of their interpreters were aged 30-59. One respondent (K) reported that all their interpreters were in this age range except one.

6.97 The following respondents gave more specific details on the number of staff within the 30-59 age bracket:

- 103 out of 114 interpreters (G)
- 30 staff (H)
- one of the 2 in house staff (J)

Under 30

6.98 A small proportion of interpreters fell into this age bracket:

- 9 out of 114 interpreters (G)
- staff (H)
- one of the 2 in house staff (J)

Age 60 and over

6.99 Very few interpreters were over 60 years of age:

- 2 out of 114 (G)
- 4 staff (H)
- a couple of staff (B)
- a single member of staff (K)

Ethnicity

6.100 Five providers, including the largest (A), gave no information or were awaiting information.

6.101 All BSL providers and the Communication Support provider described their translators/interpreters as “white British”. One BSL Provider reported that there were interpreters working between BSL/English from ethnic minority backgrounds, but they had to be sourced outside Scotland.

6.102 Only 1 SL Provider (G) gave specific information about ethnicity. This showed that the majority of translators and interpreters were from an Asian/Asian British background. See Table 6.14.

Table 6.14 Profile of interpreters of one SL Provider

Ethnic background	No. of translators/interpreters (out of total of 249)
Asian, Asian British (including Turkish, middle East, Indian subcontinent, Iranian background)	145
White from outside the UK	51
Chinese	20
Black, Black British	19
White British	14

English as first language

6.103 This could be understood as being the “mother tongue” or preferred language of use, although it is sometimes understood as the language someone is most proficient in.

Translators/interpreters working for SL Providers

6.104 Three respondents stated that only a minority of translators/interpreters in the spoken language domain had English as their first language. Two respondents supported this with precise data i.e. 20% and 6% (15 out of 249) of their translators/interpreters had English as first language.

6.105 One respondent disliked the question, as they tested their interpreters’ ability in both languages, and provided no information. A council ITS also provided no information.

Translators/interpreters working for BSL Providers

6.106 The majority of translators/interpreters working in the BSL/English domain had English as their first language. One respondent reported that English was the first language of all their in-house translators/interpreters, another, that this applied to 75% of their staff. A third indicated that 2 staff (out of 7 in-house staff) had BSL as their first language and English was the first language for the remainder.

6.107 One respondent indicated that English was the first language of only 3 out of 8 staff.

Staff working for Communication Support Provider

6.108 All the staff had English as their first language.

Assignments

Types of jobs during last year

6.109 Classification of the type of jobs undertaken by providers over the past year was difficult because of the wide range of work covered. Three respondents (SL and BSL Providers) stated that they did “anything”.

6.110 Some providers were more likely to undertake work in certain areas. See Table 6.15.

Table 6.15 Most common areas of work for providers

Identity code of provider	A	D	E	F	G	H	I	J *	K *
legal		X			X		X		
police	X				X				
health			X		X				
hospitals	X								
GP	X								
medical						X		X	X
social work								X	X
council			X						
education					X				
community				X					
immigration				X					
voluntary					X				

Notes to table * about 50% medical; 20-30% social work.
2 respondents provided no information.

6.111 More general enquiries about work areas brought to light some types of work not previously mentioned, such as Criminal Records Bureau. For both SL and BSL providers, however, the main work areas consisted of (in order): health and legal fields, social services, education and hospitals. See Table 6.16.

Table 6.16 Types of job by type of provider

Type of job over the past year	No. of SL providers (out of 5 respondents)	No. of BSL providers (out of 4 respondents)	Total (out of 9)
Legal	5	2	7
Police	2	1	3
Solicitors	3	1	4
Courts	3	1	4
Health	5	4	9
Hospitals	3	2	5
GP	1	1	2
Dentists	0	1	1
Emergency	1	0	1
Housing	2	1	3
Social Services	4	2	6
Education	3	2	5
Parents' Evening	1	1	2
Criminal Records Bureau	1	0	1
Local Government	1	0	1
Environment Services	1	0	1
Benefits	3	1	4
Citizens Advice Bureau/welfare rights	1	1	2
Job interviews/job centre	1	1	2
Conferences	0	1	1
Meetings	0	1	1
Immigration	1	0	1

Notes to table * One respondent (spoken language) did not provide information.
Communication Support was only mentioned once in connection with "health".

Matching of interpreters

6.112 All respondents had drawn up a policy for matching the most suitable interpreter to a particular situation or client.

Issues taken into consideration

6.113 Respondents agreed unanimously that gender was a prime consideration when matching an interpreter to a situation or client. Over half agreed that the dialect or preferred language variety needed to be considered. The same number agreed that the particular interpreter was an issue for consideration since this might have a bearing on continuity. Almost the same number would take the particular setting, such as a medical examination, into account.

6.114 There was less agreement regarding other considerations, including age and even cultural background. See Table 6.17.

Table 6.17 Issues to be considered when “matching” interpreter

Issues	No. of responses
Gender	11
Language/dialect/variation	7
Age	2
Cultural background (ethnic, religious, caste...)	3
Particular setting	6
Particular interpreter (e.g. continuity)	7
Specialism	4
Experience	4
Skills	2

6.115 It could be argued that appropriate TICS providers could be identified more effectively if the PSB could provide an appropriate level of advice and information about the service they require, although in practice, this might not be straightforward. Complex situations may make the application of a preferred or ideal policy difficult. For example, an interpreter required for a police setting might need to be replaced by a different interpreter if the case went to court. In this instance, another interpreter with the skills required for the court setting might also have to be held in reserve.

Gender

6.116 The default position of one respondent (SL) was to provide female interpreters for all female clients and to ask the client or male end-user if they specifically wanted a male interpreter. One respondent (BSL) attempted to match gender, but usually sent female interpreters because of the shortage of male interpreters. The policy of another respondent (SL) was to match the gender of the end-user if requested by the end-user and to take gender into account in relation to the user’s religious and cultural beliefs and in certain settings such as maternity cases (SL).

6.117 Two BSL providers reported that matching of gender was a concern. It was impossible to match gender in combination with ethnic and cultural background for Asian women, particularly in cases of abuse or situations of a sexual or psychological nature.

Age

6.118 Age tended only to be taken into consideration for very old end-users (SL). It was said to be irrelevant when providing communication support for Deafblind people who would be unaware of age. For BSL providers, however, it was highly relevant as older end-users use different varieties and styles of signing. Teenagers, too, have their own style of language. It was reported that there was no longer the same flexibility possible with regard to age.

Cultural background

6.119 Cultural background would be taken into consideration if possible, especially that of ethnic minorities. This was not viewed as a main priority except in certain situations such as in mental health and child protection (BSL).

6.120 It was reported that there were no Scottish interpreters from a minority ethnic background working in BSL.

Dialect or language variety

6.121 Irish-derived or St Vincent “dialect” of sign language would be provided if possible, although this was not always possible (BSL). (See Glossary). The language variety generally should always be considered (BSL).

6.122 “Dialects” as different as the Mandarin and Cantonese languages must, of course, always be taken into consideration (SL).

6.123 Identification of the appropriate type of communication support (hands-on signing, manual, speech close to ear, sign language, lipspeaking/reading) would be the primary concern (CS).

Particular interpreter

6.124 One view from the telephone interpreting provider (A) was that it was not always possible, nor even useful, to provide the same interpreter, as interpreters “get so many calls that they may not remember the assignment”. The provider accepted that there could be exceptions, and, for example, would note the interpreter’s identity number if a PSB intended to call back in a very short time. A BSL provider aimed to provide continuity of interpreter provision, reinforced by the view from an SL provider that end-users should not be required to tell and share harrowing details with many different strangers. It was suggested that if an end-user specified a particular interpreter this request should be respected (SL).

6.125 The views of end-users regarding a particular interpreter needed to be taken into account for both spoken and sign languages. One SL provider recommended that the end-user and the interpreter should be free to refuse to work together because of the difficulties inherent in being part of a small community.

Particular setting

6.126 One SL provider attempted to avoid the “mismatching” of an interpreter to a situation. For example, if a client was HIV positive, it would be inappropriate to send an interpreter with strong views on this subject as this would be likely to lead to stress for both the client and the interpreter.

Specialism

6.127 Important specialisms required by an SL provider included legal, financial, educational, medical/health, social and children. A BSL provider definitely required specialist knowledge for child protection and psychiatric issues.

Experience

6.128 Experience in a particular type of work (e.g. film festival) was always considered helpful.

Skills

6.129 The policy of one SL provider was to strive to provide trained interpreters in the first instance, before resorting to untrained interpreters.

6.130 The provider also stated that the most skilled interpreters needed to be considered for the more challenging work such as working in immigration courts.

Frequency of matching

6.131 Only one SL provider stated that it was always possible to match an interpreter to a situation/client. At the other extreme, no one stated that this was never or rarely achieved. In fact, the majority position (9 out of 11 respondents) was that this was usually achieved. One SL provider specified that this was achieved in 97% of cases. A single respondent (BSL) was more cautious and stated that it was sometimes achieved.

6.132 The provider who had stated that matching was always achieved did qualify this by stating that it might be necessary to postpone the meeting first of all.

Reasons why matching is not possible

6.133 The reasons why it was not always possible to satisfy the criteria for an assignment, thus matching the interpreter to the client or situation, were (in descending order of citation): gender, interpreter shortage, language, short notice and cultural background/religion, etc. See Table 6.18.

6.134 Cultural background and religious reasons might apply to an assignment such as a religious service or ritual. For example, a Roman Catholic wedding or funeral might be difficult for an interpreter to undertake, even if the interpreter was a member of another Christian church.

Table 6.18 Reasons why an interpreter failed to satisfy the criteria for an assignment

Identity code of provider	A	B	C	D	E	F	G	H	I	J	K
Gender	X			X		X		X	X		X
Language	X	X				X			X		
Language variation										X *	
Cultural background/religion			X	X							X
Age											X
Not wide range of interpreters			X								X
Interpreter shortage						X	X		X	X	X
Short notice								X	X	X	

Notes to table * i.e. SSE

Source of the decision to match an interpreter to a situation

6.135 The decision to match an interpreter to a situation was rarely initiated by the public sector body. Only 2 SL Providers had experience of this occurring. One stated that the decision was either initiated by the PSB or the by TICS provider. One respondent (A) indicated that the PSB was solely responsible for the decision.

6.136 Around a quarter of respondents considered that the decision could come from the end-user (3 of the 4 respondents were BSL providers) although they all believed the TICS providers could also be responsible for such decisions.

6.137 The majority opinion (10 out of 11) was that the TICS provider was generally responsible for this decision.

6.138 The view was taken that that the PSB usually “has no clue” (an expression used by 3 respondents). One respondent stated that “front line staff don’t always know what to ask for” and may request a “Chinese interpreter”. An SL provider pointed out that PSBs might provide incomplete initial specifications and would need to be contacted by the TICS provider for more information.

6.139 A BSL provider stated that decision-making about matching an interpreter tended to be part of the TICS provider’s role as they had better understanding of the end user and knowledge of the probable needs.

6.140 Both SL and BSL providers acknowledged that some PSB clients were aware of what was required, and they or the end user may submit particular requests.

6.141 A BSL provider stated that the decision to match an interpreter to a client may arise from the combination of a request from a Deaf person and the TICS provider's knowledge.

Booking a team of interpreters

6.142 A number of factors informed the decision to book a team of interpreters. No single reason predominated. The duration and the complexity or intensity of the assignment were the factors most frequently cited.

6.143 The factors (as illustrated in Table 6.19) are:

- client request
- initiated by TICS
- duration of the assignment
- complexity/intensity of the assignment
- health and safety considerations

6.144 Other reasons given by individual respondents were that:

- different people/interests might require interpreting support, such as a mother and a child or the defence and the prosecution in court
- it might depend on the number of people attending (and requiring support)

Table 6.19 Reasons for booking a team of interpreters

Reason	No. of CS Providers	No. of BSL Providers	No. of SL Providers
Client request	0	2	1
Initiated by TICS	0	3	2
Duration of assignment	1	4	2
Complexity, intensity of assignment	1	3	3
Health & Safety considerations	0	1	0

Comments on duration

6.145 Respondents set a variety of limits on the length of the duration of an assignment for one interpreter beyond which a team or several interpreters must be sent. One BSL provider stated the maximum length of interpreting for an unaccompanied interpreter must be 1½ hours. An SL provider agreed that a single interpreter cannot continue simultaneous interpreting for more than 1 hour and that 6-7 hours in a day was the maximum working time.

6.146 A third respondent (BSL) insisted that it was not a luxury to book a team for an assignment such as a conference or court case that could exceed 2 hours, but acknowledged that lack of resources could make this difficult. The respondent commented that, from the

point of view of the end-user, it could be “better to have a single interpreter working in court, with frequent breaks in proceedings, or it could be hard on the end-user”.

6.147 The reality was that sometimes there could be a single interpreter working for as long as 18 hours (childbirth). This could also happen in more complex situations (court and police settings) or where there is a large audience (community events) or multiple users, such as different family members).

6.148 The CS provider reported that in the particular situation of guide communicating, it was usual for guide communicators to work 4 hour shifts before being relieved. They would take breaks during this time, but communication was not constant during the period.

6.149 Two BSL providers stated that clients who requested a team of interpreters and were happy with this arrangement were those who had previous experience of working with interpreters.

Issue with clients

6.150 All 4 BSL Providers reported that employing a team of interpreters was an issue for clients, whereas the 3 SL Providers who felt concerned by the question agreed that it was not an issue with clients.

6.151 The CS Provider reported that clients were not asked.

Training

Skills expected from translators

6.152 There were no unexpected results regarding the skills expected of translators (see Table 6.20), except perhaps the lack of focus on more expert skills such as the ability to carry out legal translation. This would seem vital in public sector work.

6.153 A number of respondents felt this topic did not apply to their work (3 BSL Providers, one telephone interpreting supplier and one CS provider). One council ITS provided no information.

Table 6.20 Translator skills

Type of skill	No. of providers (out of 5 respondents)
Word-processing skills	4 *
Use e-mail & Internet	4 *
Work into English if not first language	3
Do specialised/technical translation	1
Fluent in both languages **	1
Do legal translation	0
Use translation memory software	0

Notes to table * including response from one BSL provider.

 ** this was taken as a “given” by research team and, presumably most respondents, but one respondent chose to re-state.

Skills expected from interpreters

6.154 The skills expected of interpreters (see Table 6.21) were equally predictable but respondents did not cite the core skills expected of an interpreter working in the public services. These included:

- working in the two modes (consecutive and simultaneous)
- performing sight translation
- *chuchotage* (whispered/whispering interpreting), but less expected as this requires more skill

6.155 Spoken language interpreters were reported as lacking simultaneous skills. In particular, the research found that there were low expectations of spoken language interpreters’ ability to work in court.

6.156 As expected, most BSL interpreters worked in simultaneous rather than in consecutive mode, as there was no auditory interference between the languages used.

6.157 Two BSL respondents commented that the skills expected would depend on whether a trainee or a registered interpreter was being considered.

6.158 The council ITS again provided no information.

Table 6.21 Interpreter skills

Type of skill	No. of SL Providers (out of 5)	No. of BSL Providers (out of 4)	Total (9 respondents)
Interpret consecutively	5	2	7
Co-work with other interpreters	3	4	7
Interpret simultaneously into English (if not first language)	1	4	5
Sight translation	3	2	5
Chuchotage (whispered interpreting)	2	2	4
Court interpreting	1	2	3
Telephone interpreting	1	2	3
Videophone/video-conference interpreting	0	1	1
Registered with professional body (SASLI, CACDP, ASLI)	0	1	1
Simultaneous interpreting i.e. with headsets & microphone (into first language)	0	0	0

Notes to table The CS Provider did not respond to this question.
No information provided by one respondent.

Skills expected from Communication Support Workers

6.159 The single CS provider (H) expected the following skills from communication support workers:

- Deafblind CACDP Course: level 3
- BSL stage 2 and above

6.160 Guide communicators would be expected to provide:

- Hands-on signing
- Deafblind manual
- Keyboard interpreting

Training Offered

6.161 Respondents made no distinction made between the types of linguist, mainly because one person might work or wish to work in several different areas. Training generally seemed to focus on what was most essential, but was not particularly extensive. See Table 6.22.

6.162 The most popular form of training was court interpreting. This reflected the low expectations held about interpreters' court skills.

Table 6.22 Training offered

Training : Identity Offered ↓ Code →	A	B	C	D	E	F	G	H	I	J	K
Court interpreting		X	X				X		X		X
Terminology *	X		X			X				X	
General IT skills course **			X				X				X
Voice training/spoken language delivery			X							X	X
Telephone interpreting	X							X			
Co-working			X								
Medical settings			X								
First aid, health & safety								X			
Good practice									X		
Procedures									X		
How to submit invoices									X		
DPSI					X						
Using translation memory software											

Notes to table * For 3 out of 4 respondents this was vocabulary related to immigration appeals and procedures

** Included mention of council intranet training

Training provider

6.163 The most common training provision was that provided in-house (8 out 10 respondents). Only 3 of all the possible respondents did not use this form of training (one SL, 2 BSL). Six respondents used “other” training options.

6.164 The training providers for spoken language work were:

- Stevenson College, Edinburgh (2)
- Cardonald College, Glasgow (2)

6.165 The training providers for BSL work were:

- Heriot-Watt University, Edinburgh (2)
- SASLI (2)
- Sensory Centre, Moray House (1)
- Deaf Action (1)
- Deaf Connections (1)
- Outside consultants (1)

6.166 There was a far more extensive range of training available to BSL Providers than to SL providers, although it only focused on one language. The single language approach may have contributed to a “critical mass” in service provision.

Details of training provided

6.167 One SL respondent employed a full-time, in-house team of 6 trainers. Each interpreter was given two weeks of full-time in-house training. This type of training provision was at the top end of the scale and only possible in very large companies.

6.168 Induction training offered by other SL providers covered “introduction to public service interpreting” or council training on “race equality, child care law, procedures, disability, equality, etc”.

6.169 Training ranged from a compulsory 3 hours of training to 21 hours of training. It included court interpreting training provided by the Procurator Fiscal or Scottish Court Service and the employment of a trainer to provide DPSI training.

6.170 Training might also be offered periodically, such as every 2 years.

Payment for training

6.171 Eight respondents stated that translators and interpreters generally do not have to pay for training courses although one BSL respondent reported that this could sometimes be the case.

6.172 Linguists’ training costs might cover:

- payment of exam fee (for DPSI)
- payment of course fees for DPSI
- part payment of course fees for Heriot-Watt University

Compulsory attendance at courses

6.173 Three providers, spread across SL, BSL and CS, stated that attendance at training courses was compulsory. A further 2 respondents (SL, BSL) reported that this was sometimes the case. One respondent indicated that although attendance at particular events was not compulsory, attendance at events leading towards registration was a prerequisite to being accepted as a registered trainee interpreter.

6.174 Five respondents in all stated that training was not compulsory, but one provider offered a strong incentive by paying interpreters to attend the training.

Reasons for no training

6.175 One provider, acting as a “booking agency”, provided no training and did not recommend training course attendance. This provider, however, used linguists who were already members of a professional register.

Limits on training capacity

6.176 The availability of resources set limits on the capacity of providers to train or arrange training for their linguists. The main resource constraints were:

- budget (4 responses)
- time (1)
- both budget and time (4)

6.177 The availability of training also posed problems. These included:

- lack of availability of training opportunities (1)
- insufficient people able to do the training (1)
- difficulty in offering language training, as opposed to interpreting training only (1)

6.178 A related issue was the lack of partnership with PSBs to facilitate training (1).

6.179 The time factor underpinned a number of constraints. A BSL provider indicated that it might be impossible for someone with the expertise to provide training to take time off from actually practising as an interpreter. Similarly, the time required for an experienced interpreter to shadow a trainee conflicted with the demands of providing an interpreting service and the former would frequently be cancelled (BSL).

6.180 The CS provider reported that as there was already a shortage of practitioners, those wishing training themselves, such as guide communicators, often could not be released to attend training.

6.181 Another issue concerned the nature of training materials. The comment was made that the DPSI training materials used by a trainer were less appropriate than materials specially designed by the SL provider working with the Procurator Fiscal.

6.182 Low take-up of training opportunities was a significant problem. Even when training was made available interpreters might not take advantage of the training offered. One respondent explained that for many interpreters, interpreting was not actually their “profession”.

Mentoring system for new recruits

6.183 A mentoring system for new recruits had been established by 6 providers (SL, BSL and CS), but not by 4 others. A council ITS provided no information.

6.184 Mentoring systems ranged from formalised systems to more loosely-based support.

Buddying systems

6.185 Two SL providers described a buddying system. The first was arranged within subdivisions in the company i.e. language groups, specialism groups and client groups. The second involved a 3-week induction programme during which another member of staff acted

as a buddy. At the end of this induction, an external consultant assessed the new recruit and a programme was drawn up to address weaknesses in performance. The member of staff continued to meet with their buddy once a month.

Support and observation

6.186 One SL respondent stated that it was common for senior or experienced interpreters to “assist” new recruits. The practice of a BSL respondent was to observe the recruit working and then give feedback. An SL provider indicated that there was a depute co-ordinator for a project who, presumably, would oversee the work.

6.187 New guide communicators would be accompanied by a senior guide communicator on three occasions before working on their own. They would start working in a group situation (social setting). Only senior guide communicators did PSB work (CS).

6.188 One BSL provider reported that there was a support group for interpreters but it was not organised by the TICS service.

Shadowing

6.189 New recruits were encouraged by one BSL provider to shadow experienced interpreters on an informal basis. Another BSL provider, having lost senior members of staff, established a system for new recruits in liaison with a consultant. New recruits spent one week shadowing interpreters in Glasgow (BSL).

Registered interpreters

6.190 One provider reported that the professional body, SASLI, had set up a mentoring system for registered members.

Monitoring of interpreters on a provider’s books

6.191 Every respondent had some method for monitoring interpreters.

SL Providers

6.192 The monitoring method could be as simple and unstructured as merely recording spontaneous feedback received in the interpreter’s file or noting feedback regarding customer satisfaction. Forms recording information were monitored by one respondent, although it was not made clear what was recorded in the forms.

6.193 A more structured approach was adopted by one provider. This used a 3-way evaluation form to collect information from the PSB client, interpreter and end-user. The form was translated into 6 languages for end-users.

6.194 One provider systematically collected feedback from each assignment. The information was fed into an annual detailed survey of the interpreter's work.

6.195 A structured, in-depth approach employed by another provider involved listening to an interpreter's work and filling in a form with a list of criteria for completion. Depending on the outcome, the interpreter might be offered a refresher course.

BSL Providers

6.196 The monitoring systems of BSL Providers ranged from minimal to thorough.

6.197 One provider carried out little formal monitoring of interpreters, although it tried to observe them working. As the provider employed SASLI registered staff, its approach was to rely on SASLI's efforts in this respect.

6.198 A senior staff member of another provider supervised the interpreters at work.

6.199 A third provider monitored interpreters working on a job and used a self-assessment form. It organised in-house tutorials and monthly supervision meetings.

6.200 A range of methods was used by a fourth provider, which included a user group to provide feedback. The provider also used the SASLI system for registration assessment. It supervised interpreters and gave them feedback on assignments. There were monitoring forms for each assignment.

6.201 Overall, it was evident that providers felt supported by the work done by the professional body, SASLI, and tailored their methods to link with the SASLI system.

Communication Support

6.202 Monitoring consisted of a report faxed by a senior guide communicator commenting on attitude and performance.

Feedback from PSBs

6.203 As discussed above, feedback from "clients and users" often featured in or fed into providers' monitoring strategies. When asked directly whether feedback was requested from PSBs, 8 respondents reported that it was, and 4 said it was not¹⁵ (SL, BSL and CS).

6.204 Two providers who replied in the negative, added comments, clearly recognising the value of such feedback. One SL provider said that they intended to request such feedback and a CS provider acknowledged that such feedback should be obtained.

6.205 Two respondents collected feedback using evaluation forms (SL and BSL) and one conducted a sample survey of every tenth client (BSL).

¹⁵ One council ITS answered both yes and no.

6.206 One provider (SL) obtained systematic feedback and had a quarterly meeting with clients, as well as performance review.

Feedback from end-users

6.207 Seven providers asked end-users for feedback, but 4 did not (SL, BSL). One provider (A) had shown a rigorous approach to quality control, training and monitoring of interpreters, collecting of feedback from PSBs and so on, but had no mechanism in place to elicit feedback from end-users. Instead it asked the PSB to request feedback but this was only done infrequently.

6.208 The range of strategies reported by all provider groups that were used to obtain feedback from end-users included:

- postcards
- an evaluation form (translated into 6 languages)
- evaluation meetings

6.209 One provider suspended a system in 2003 because it lacked anonymity. It intended to introduce a new random system operating on a monthly basis.

6.210 One provider (G) reported customer satisfaction levels of over 80%.

Feedback from interpreters

6.211 The study was particularly interested in whether there was a mechanism in place to facilitate feedback from an interpreter if concerned about the professionalism of a fellow interpreter. Six providers confirmed that they had such a mechanism in place, but 4 did not (SL, BSL)¹⁶.

6.212 One provider felt that there was no need for this as their interpreters did not work in teams. Others expected the issue to be raised with the contact manager (2 responses), during a supervision meeting or during a meeting with the line manager. There was an anonymous grievance system in place if this were appropriate.

6.213 Another provider had clear protocols in place, but did not outline these.

6.214 One provider reported that they would pass on the concern to SASLI.

Frequency of monitoring

6.215 The frequency of monitoring ranged from “none”, or “monthly” but “only for new interpreters”, through “at random”, “weekly”, for “most assignments” to “each assignment”.

¹⁶ One council ITS did not provide information

6.216 SL and BSL Providers were distributed along the full range of the “scale” and both were found at each extreme (see Table 6.23), while the CS Provider used weekly monitoring.

Table 6.23 Frequency of monitoring

Description of frequency	No. of providers
None	2
For new interpreters only	1
Meeting with overarching client	1
Management board meeting 6 times per year	1
Regularly	1
Monthly	2
Weekly	2
At random *	2
Most assignments	2
Each assignment	3

Notes to table 2 respondents gave no information.

Some respondents gave several responses.

* the positioning of this term in the table is totally arbitrary as there was no clear indication of frequency.

Management of monitoring

6.217 It was common for the director (2 responses) or the manager or administrator of the service to be in charge of monitoring (5 responses). In the case of CS, the senior guide communicator and the service manager were responsible.

6.218 In one BSL provider, an external consultant and advisory group were in charge of monitoring. In another SL provider, 26 senior language specialists in combination with the training and certification group were in charge.

Reward scheme

6.219 Nine providers had no reward scheme in place, although one provider did acknowledge that a linguist who performed well would get more work.

6.220 The remaining 2 SL providers stated that there was a reward scheme. One left this unspecified but the other indicated that a linguist who obtained qualifications would be better paid.

Opportunities for career advancement

6.221 All the providers responded to the question about career advancement opportunities for linguists. Opportunities for advancement were mainly within the organisation. They could include being given more challenging assignments or additional responsibilities as team leader, mentor or trainer. See Table 6.24.

6.222 Providers might offer the opportunity to achieve an accredited qualification. One organisation had developed an in-house qualification with a language school leading to medical, court, or finance certification. Progress after this was limited. Interpreters obtaining

the qualification would be guaranteed bookings for work, and, if they continued to give priority to working for the provider, they would get a personal computer (SL).

6.223 Guide communicators might be able to progress to becoming a BSL interpreter, through obtaining CACDP stage 1 and 2 qualifications, which would extend the work they could do with Deafblind people.

6.224 There might also be the possibility of full-time rather than part-time work.

6.225 There was a clear difference between spoken language work and BSL work which were almost mirror images of each other. While a spoken language interpreter might merit a full-time post, there might “not be enough demand” so, at best, they would be “given more work”. For BSL Providers, on the other hand, the problem was that “interpreters leave”. Such was the shortage of BSL interpreters that even an organisation with 2 vacant full-time posts was having difficulty filling the posts.

6.226 The one exception was the SL Provider providing telephone interpreting where 98% of this provider’s interpreters were already in full-time work.

6.227 Career advancement might lead to financial benefits. One provider reported that once an interpreter became a registered interpreter (BSL), they would move from grade AP4 to AP5 on the pay scale.

Table 6.24 Opportunities for career advancement

Career advancement opportunities	No. of providers
Take on more challenging assignments	10
Work towards an accredited qualification	7
Become a mentor	6
Become a trainer	6
Full-time position	5
Promotion within organisation	4
Become leader of a team	2

Challenges in the Public Sector

Proportion of unfulfilled requests

6.228 The figures given for the proportion of unfulfilled requests received from the public sector initially seemed relatively low. See Table 6.25. Between 8-10% unfulfilled requests was a significant amount.

6.229 Three of the 4 BSL Providers were awaiting information and did not therefore respond.

Table 6.25 Unfulfilled PSB requests

Proportion of unfulfilled PSB requests	SL Provider	BSL Provider	CS Provider
None (PSB requests are few in number, so given priority)			X
0.7% of the languages provided by the organisation (figures from September 2004)	X		
2%	X		
Below 5%	X		
8%	X		
Below 10%	X		
Very few		X	

Notes to table No information provided by one council ITS.

Reasons for unfulfilled requests

Language

6.230 Six SL providers cited language-related difficulties as the main reason for being unable to fulfil requests, especially if combined with short notice, such as in the case of a “multiple race riot” (A).

Short notice

6.231 Seven respondents (SL, BSL and CS providers) cited short notice (less than 48 hours) as a common reason for being unable to satisfy a request. Non-urgent requests in particular might not be fulfilled. Short notice was particularly an issue if combined with specific gender requirements as demand could outstrip supply. One SL Provider reported frequent assignments passed on to it which the council ITS had not been able to satisfy. This had arrived just prior to the assignment.

Type of assignment

6.232 Three SL and BSL respondents indicated that the type of assignment might impose problems. A long assignment would require a few days to be blocked in a provider’s diary. This might arise in an educational context such as a degree or HNC work in an FE College or university.

6.233 Someone with the appropriate legal expertise would need to be booked for an assignment involving court or another legal setting. Even an organisation with in-house staff might have to outsource personnel with the expertise and skills required as their own staff might work in other fields (e.g. social work) or not be fully registered.

Geographic location

6.234 The lack of a guide communicator in the area, such as Inverness (H), combined with short notice (SL), could prove to be an obstacle to providing a service.

Other reasons

6.235 Respondents cited a number of other reasons which made it difficult or impossible to fulfil requests:

- interpreter unavailable (2 - SL)
- specific gender (male) required combined with short notice (2 - SL)
- request for a specific interpreter (SL)
- out of hours work (SL)
- outside area (SL)

Language, dialect or language variation difficulties

6.236 Information about difficulties encountered in providing languages, dialects or language variations was provided by 6 SL Providers, one BSL and one CS Provider.

6.237 Of the 3 remaining BSL Providers, one had encountered no problems while 2 felt the topic was not an issue which concerned them.

6.238 The languages or language variations which were found difficult or impossible to provide are listed below.

African (some)	Albanian
European (some)	Fijian
Kurdish	Lingala
Mandarin	Navajo
Nepalese	Romany
Somali	Tigrinya (from Eritrea)

Communication Support

Deafblind manual	SSE
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Most difficult issue in selecting an appropriate interpreter

SL Providers

6.239 The most difficult issues reported were requirements for a specialism or an interpreter of a specific gender, the latter particularly in combination with another issue. Gender featured in the responses of 5 out of 6 SL Providers. Problem combinations included:

- specific language + gender (e.g. female + Turkish)
- culture + gender
- specialism + gender (e.g. court and immigration work + female interpreter)

BSL and CS Providers

6.240 BSL and CS providers stated that requirements for a specialism or gender were also difficult to meet, but, in contrast with spoken languages, problems lay in sourcing male rather than female interpreters. Issues cited were:

- gender (there are men in the Highlands with BSL skills who need a male interpreter, especially in medical situations such as genito-urinary clinics)
- sexual orientation (in Scotland it was difficult to match an interpreter)
- ethnic background was potentially a problem, although the provider who raised the issue had not encountered the problem in real life

Key constraints or limitations to meeting requests from PSB

Interpreters

6.241 Seven respondents stated that the lack of interpreters was a key constraint. There were not enough interpreters working in some languages and sometimes there was only one interpreter working in a specific language.

6.242 Two BSL respondents reported that the lack of in-house interpreters was a problem, especially when vacancies remained unfulfilled.

6.243 Interpreters, some students among them, often viewed interpreting as a first job which would then lead on to a “proper career”. Two SL providers pointed out that interpreting in Scotland is usually viewed as a source of complementary income rather than as a career.

Qualifications

6.244 Issues included lack of qualifications, experience and training.

Lack of awareness

6.245 Lack of awareness and understanding on the part of PSBs was cited as an issue. One BSL provider reported that in medical settings there was a little flexibility and no understanding of the need for an interpreter. The inappropriate use of children as interpreters was also not well understood.

6.246 The need for communication support before procedures such as catheter insertion was not recognised. Certain BSL and CS providers stated that they had never received any requests from GPs. The GPs considered it was “OK” since they could “write things down”.

Lack of information

6.247 A BSL Provider reported that there was a lack of information concerning Mental Health. An end-user had been sectioned under the Mental Health Act, but no information was given.

Practical constraints

6.248 Bureaucracy caused excessive delays when working with council ITS. One respondent reported that it was necessary to get approval if requests were received from health bodies or the council had to go through the ITS before subcontracting the BSL Provider.

6.249 Short notice and out of hours work also caused problems.

6.250 An SL provider reported difficulties caused by competition between different council ITS and private sector agencies.

Budgetary constraints

6.251 Providers reported that PSBs were constrained by limited budgets. One council ITS (SL Provider) stated that 2 million pounds were spent on interpreters. Two other providers (SL and BSL) commented that although demand was rising, the budget was not.

6.252 The CS provider stated that “dual sensory impairment was not recognised until someone was totally deaf and blind (especially if the person still had speech)”.

Comparison with constraints for commercial clients

6.253 Providers were asked to consider whether the same constraints were encountered when working for commercial clients. Only 4 providers expressed a view. Two providers (BSL and CS) said they experienced the same constraints but 2 SL providers stated that they had not. Six providers reported that they had not asked these clients.

6.254 An SL provider said that language availability was still an issue, but short notice was not.

Developments which would improve the service to PSBs

Increase the number of interpreters

6.255 Four BSL Providers and an SL Provider reiterated the need to increase the number of interpreters. A BSL provider suggested that men and young people should be targeted for training.

6.256 An SL Provider recommended the “creation of a full-time interpreting post for the most common languages (Punjabi, Cantonese, Arabic...)”. A number of TICS could each have one full-time staff member working in a frequently-requested language with all requests for this language directed to the relevant agency. Freelance/sessional workers would then cover 20% of the work, rather than 95%.

Interpreter Training

6.257 It was generally agreed that interpreters needed more training (5 SL and BSL providers). In particular, they need to have a full understanding of the Code of Conduct.

6.258 A plea was made for training in specialised areas, with Mental Health cited as an example (BSL).

6.259 The use of interpreters who were not “professionals” was flagged up as an issue. This needed to be addressed since it had a direct bearing on quality. Monitoring Forms were considered to be merely “scratching the surface”.

6.260 An SL Provider recommended that a professional organisation similar to the Institute of Linguists be established and supported to provide and regulate professional guidance. Similarly, a BSL Provider recommended supporting SASLI to give direction to the profession.

6.261 One SL provider recommended that a service like the Glasgow Council Translating and Interpreting Service should be “helped to achieve its maximum potential so that it can share its experience as the largest and busiest service in the UK”.

PSB training

6.262 Six respondents (SL, BSL and CS) stressed the need to train PSBs to make sure that they were all equally well-informed. This included basic training on how to work with interpreters, covering topics such as health and safety guidelines, interpreter breaks and avoidance of one to one client/interpreter contact. Training also included general awareness raising in RRAA, DDA and cultural knowledge.

6.263 An SL provider stated that PSBs needed to recognise that interpreting was not an “off the shelf” product.

6.264 Providers recommended that training be carried out in Law Schools for Justice, and with GPs and nurses.

6.265 A CS provider also recommended that nurses be trained in Deafblind awareness. More generally, the provider stated that health boards must recognise the needs of the “discrete ultra low incidence disability group which is neither deaf nor blind, so that they had the right to be accompanied by a guide communicator” (CS).

Client/end-user training

6.266 One BSL Provider recommended education to make end-users aware of the availability of free services, thus avoiding the use of relatives, and where to access these services.

Funding

6.267 Several SL and BSL providers restated the need for more funding. One BSL provider hoped that increased awareness would result in an increase in demand leading to a corresponding increase in resources.

6.268 One provider commented that central government needed to recognise that TICS services were a legitimate cost, suggesting, too, that money should be forthcoming from NASS. Another SL provider recommended that mainstream funding be directed to local authorities specifically for language service provision. At a higher level, there should be more investment in language service infrastructures.

6.269 At grassroots levels, one SL provider stated that rates for interpreters should be increased.

Policy

6.270 Respondents made a number of recommendations regarding language policy. These included:

- Undertaking a linguistic survey to identify the language needs in various geographic areas (SL provider).
- Recognising that “PSI is rapidly emerging as a vital profession in Scotland” and warning that failure to do so “could create a serious bottleneck in service delivery to non-English speaking communities” (SL provider).
- Extending more political support to BSL. One BSL provider stated that there should be the “same attitude towards BSL as Gaelic” (BSL).

6.271 Overall, the view was that a language strategy was required for Scotland – otherwise it would be difficult to feed in resources (SL provider).

6.272 There were other recommendations linked to “rights”. The CS provider stated that there was a need to enforce the guideline set out in MEL (1998) 4, avoiding the generic approach but adapting it to every group.

6.273 There was also a recommendation linked to quality. One SL provider proposed that Audit Scotland identify best practice and bench marks.

Practical Measures

6.274 One SL respondent considered that imposing targets and service standards would help to improve quality.

6.275 An SL provider recommended establishing a contact within a PSB to address the issue of client management.

6.276 Setting up a block contract with the NHS was also recommended. Work was currently invoiced on an individual basis, but a block contract would reduce administrative work (SL provider).

6.277 Assessment of new technologies, such as video-conferencing for non-sensitive assignments, could help to free up people for higher priority assignments (BSL provider).

Steps in the right direction

6.278 Providers acknowledged that the situation had improved in the legal sector since the Code of Conduct (court service) and Monitoring form had been introduced. A BSL provider reported, however, that in isolated cases clients were still told to find their own interpreters and children were asked to interpret.

6.279 An SL Provider was about to have a video-conferencing system installed at the public reception desk in 6 locations for non-sensitive interactions (SL – Council ITS).

6.280 A positive statement was made by a SL Provider working UK-wide stating, “Scotland seems more “up to speed” than England.”

Summary

6.281 In-depth face to face interviews were carried out with 11 TICS providers located across Scotland. Respondents held senior positions within the organisations and could comment on policy with authority. The interviews covered requests for TICS services, methods of record-keeping, details of service providers, assignments, training and challenges encountered within the public sector. Chapter Six summarises the main findings from the large amount of detailed data collected.

CHAPTER SEVEN PRELIMINARY CONCLUSIONS (TICS)

Overview

7.1 Chapter Seven outlines the preliminary conclusions with reference to TICS.

Conclusions

TICS providers and the people they employ to provide TICS services

7.2 Compared to BSL and VI providers, SL providers were more independent and more commercially-based, with a large number of their clients sourced from the private sector. BSL and VI providers were usually not-for-profit organisations and charities, serving mainly the public sector.

7.3 The existence of 85% “not-for-profit” BSL providers did not mean that this sector relied mostly on central funds. Half of these providers had charitable status and did not necessarily receive core funding but rather depended on donations. Any central funding they received from public funds tended to be cut year on year, despite the fact that they provided services that statutory bodies should be providing.

7.4 It is worth noting that a significant number of TICS providers were sole traders/owners and that, overall, the workforce was made up of freelancers, rather than part-time/full-time employees.

7.5 These freelance providers might be listed on the books of several agencies and could be booked through a number of agencies. It would therefore be extremely misleading to total up the number of interpreters on the books of these agencies. The result would seem to indicate the existence of a large pool of interpreters working in Scotland when, in fact, every agency might be accessing the same 50 interpreters.

7.6 With regard to BSL specifically, the SASLI register listed around 45 full members¹⁷. A number of these, however, were no longer actively working as interpreters or were already in full-time employment in another profession and so were not generally available to interpret. In November 2004, however, there were 14 BSL freelance interpreters working full-time and 15 BSL interpreters in full-time employment.

Training and career development potential offered to interpreters/translators

7.7 Overall, there were few training and career opportunities offered to SL interpreters and translators working in the public sector with the exception of internal training. Progression might involve additional work, more challenging work, and the possibility of leading a team or becoming a mentor or trainer. SL interpreters might be encouraged to follow an external and accredited course such as the DPSI which they would normally have

¹⁷ plus 15 trainee members

to fund themselves. It was rare for anyone to be offered a full-time position (except in telephone interpreting).

7.8 The situation for BSL/English interpreters was markedly different. These interpreters might obtain funding or part-funding towards a university certificate course which would lead to registration as an interpreter with the professional body. There would then be the opportunity to work freelance full-time, or to obtain a full-time post. There is currently such a demand for interpreters that advertised posts cannot be filled. There might be further opportunities to become involved in research or training and to take up positions within the professional body.

Services provided to public sector bodies

7.9 A wide range of TICS services were mentioned, with the most frequent being face to face interpreting and telephone interpreting. The health, justice, education and council services sectors were the main users of TICS services.

7.10 In general terms, the focus of attention appeared to fall on interpreting rather than translation. Part of the reason for this lay in the more pressing need to provide a service for a person who was physically present and who needed to interact with the public body. The focus on interpreting was also partly due to the increase in the range of languages and dialects required in Scotland following the Dispersal Policy. Respondents reported that as many as 100 languages were required in Scotland.

7.11 Video-conferencing, such as for BSL/English interpreting, had not yet assumed the importance of telephone interpreting for spoken languages, but this might change as the technology improved. Rare, but increasing, requests were being received for interpreting involving “foreign sign languages”.

7.12 The main communication support services provided were transcription of print into accessible formats, Braille of documents and note-taking in English. A wider range of provision was offered and special requests were emerging involving people with visual impairments or learning needs speaking a “foreign language”.

7.13 PSBs often turned to TICS providers, especially council ITS or telephone interpreting providers in an emergency, as a source of expert advice. This could cover simple requests for help and advice about any language or TICS-related issue. A number of PSBs had no real awareness of these issues at all and if asked for a particular service, such as BSL interpreting or Deafblind support, did not know where to turn. In the case of BSL interpreting they would turn to any organisation with “Deaf” in the title rather than “interpreting” as they did not equate working in BSL with interpreting in spoken languages.

The capacity of TICS suppliers to meet demand for services and the possible constraints and limitations in ability to do so

7.14 No TICS provider admitted to failing to fulfil requests for services in more than 10% of cases. Usually the figure quoted was much lower.

7.15 The main reasons for being unable to satisfy a request were the language or dialect requested and the short notice given. Other reasons related to the type of assignment, the geographic location, being unable to “match” the interpreting to the situation (e.g. gender) or requests received out of hours.

7.16 There was a particular shortage of male interpreters working in BSL and in some spoken languages, including Chinese languages, whereas few women worked in certain other languages (for example, some African languages).

7.17 The main issue, however, was the overall shortage of interpreters, and, in particular, interpreters with the required level of qualifications.

7.18 It was impossible to track unfulfilled requests for interpreters that were made outside office hours, for example. It was likely that the demand for interpreters moulded itself artificially to the type of service users felt they could successfully obtain except in emergency situations.

The importance of training of interpreters/translators and the limits to this in practice e.g. limits to availability or costs

7.19 Respondents thought it was vital that translators and interpreters had a minimum level of professional competence. The TICS provider needed to be responsible for ensuring a minimum level of competence if the linguist had no prior training. This was particularly important as PSBs relied on TICS (especially council ITS) to guarantee the quality of the service provided.

7.20 Translators needed to be able to use word-processing equipment to produce a final, professionally-formatted document. They also needed to have access to the Internet, both to help with research and to communicate with the agency or PSB.

7.21 It was perceived that interpreters required core interpreting skills, an understanding of standard procedures and the role of an interpreter and familiarity with the code of ethics and common dilemmas. In addition, they needed specific training before being able to work in certain settings, such as a court.

7.22 The need for language training was emphasised, covering both the English language and the other language for certain settings.

7.23 There were very few training opportunities for SL providers in more unusual languages. The DPSI or a university postgraduate qualification may be available in other languages. A TICS provider might develop a special training course in co-operation with a local training provider. The lack of a person with the required language skills would make it difficult to provide internal training.

7.24 More generally, there was a lack of training materials and reference resources for interpreters working in any language in the public sector.

7.25 TICS providers might require linguists with the required basic skills on registration with an agency to shadow other interpreters in certain fields of work, to work as part of a team, work with a mentor or be supervised for a period.

7.26 Across all languages, including Deafblind support, there were difficulties in providing mentoring and supervision because of the lack of interpreters generally and of staff with the skills to assess and conduct evaluations or training in particular. Due to pressure of work and the shortage of interpreters, members of staff with the required skills to provide such support might be required to interpret rather than spend time with a trainee.

7.27 Only telephone interpreting seemed to have the “critical mass” of work across spoken languages to permit the employment of full-time training staff.

7.28 BSL interpreting was underpinned by a more structured and rigorous framework, supported by the professional body, SASLI. The framework included an assessment system for new members, the provision of continuous professional development and the monitoring of registered members. Generally, BSL providers were happy with the system of assessment although some thought that it was not rigorous enough while others considered it too demanding.

The extent to which information or resource sharing occurs between different TICS providers

7.29 As far as SL providers were concerned, there was little evidence of networking or resource-sharing between the different TICS providers, although representatives of all the council ITS were represented in the STIC forum. This was not surprising because even council ITS competed against each other as well as against other commercial companies.

7.30 On the other hand, BSL providers in Scotland generally worked more collaboratively and were involved in joint initiatives. The situation could change when more commercially-driven BSL providers become established.

Recommendations expressed by TICS providers

Views on the actions required to improve the provision of TICS in Scotland.

7.31 TICS providers considered that the following actions would improve service provision:

7.32 Specific to **interpreting**, actions included:

- increasing the numbers of interpreters (especially men for BSL)
- creating a number of full-time posts in the most common spoken languages (these people would then travel to wherever the need was)
- setting up more training provision (especially in specialised areas)
- addressing the use of “informal and untrained” providers (especially those passing for “professionals”)

- developing the use of new technologies
- establishing a professional body

7.33 Specific to **PSBs**, actions included:

- training PSB employees to work with interpreters
- introducing TICS awareness and training into the professional training programmes of lawyers, medical professionals, etc.

7.34 Specific to **end-users**, actions included:

- generating awareness about the use of interpreters
- publicising services available more effectively

7.35 Specific to **funding**, actions included:

- increasing investment in overarching language structures
- allocating more funding for TICS provision
- improving basic fees paid to spoken language sessional interpreters

7.36 Specific to **policy**, actions included:

- establishing the profile of needs in different regions
- addressing the issues of quality control and standards
- recognising the emergence of PSI as a vital profession
- establishing a language strategy for Scotland

Summary

7.37 Chapter Seven sets out the preliminary conclusions derived from the two-phase survey of TICS providers. It covers the followings aspects:

- TICS providers and the people they employ to provide TICS services
- Training and career development potential offered to interpreters/translators
- Services provided to public sector bodies
- Suppliers' capacity to meet demand and possible constraints and limitations
- Importance of training and limits to this in practice
- Extent of information or resource-sharing between TICS providers

7.38 It concludes with a number of recommendations from TICS providers on ways to improve service provision in Scotland.

CHAPTER EIGHT RESEARCH FINDINGS – PHASE ONE: STAGE TWO (PSB)

Overview

8.1 Chapter Eight describes and discusses the results of the second stage of the research which involved the carrying out of an audit of the formal TICS provision requested by the public services in Scotland. Telephone interviews were conducted with public sector bodies.

Background

Number of public sector bodies

8.2 There were 108 public sector bodies (PSBs) interviewed by telephone for this stage of the study.

8.3 The following section shows the distribution of these PSBs among different areas of public service.

Type of PSB

8.4 The aim was to interview 10 PSBs in 11 different areas. Between 9-11 interviews were actually carried out in each of 10 areas. See Table 8.1. Only 8 interviews were carried out in the “prisons” area and a single interview was conducted in “immigration”. Immigration is not a devolved area, but it was considered appropriate to interview an organisation involved in supporting asylum seekers.

Table 8.1 Type of PSB

Area	No. of interviews conducted
Primary Care	10
Hospitals	10
Mental Health	9
Justice	10
Police	10
Prisons	8
Local Authority	11
Education	10
Social Work	9
Housing	9
Employment	11
Immigration	1

8.5 “Sub-types” existed within all public service areas except police, housing, employment (all Job Centres – mostly Job Centre Plus), and the single immigration outreach service. These subtypes, and the number of PSBs interviewed, are outlined in Table 8.2.

Table 8.2 Sub-types of PSB

Public service area	PSB sub-group	No. of PSBs
Primary Care	GP	7
	Dentist	3
Hospital	Audiology	1
	Accident & Emergency (A&E)	2
	Outpatients	2
	Maternity	1
	Whole acute section – women's & children's section	1
	Whole acute section	1
Mental Health	Social Work	2
	Community Nurse	1
	Nurse	1
	Clinical nurse	1
	Hospital	1
	Therapist	1
	Whole board	1
Justice	District Court	3
	Sheriff Court	4
	High Court	1
	Procurator Fiscal	2
Local Authority	Public Health Nurse	1
	Social Work	1
	Welfare Rights	1
	Library	2
	Local Office	1
	Government Body	2
	Equal Opportunities (Policy)	1
	Ombudsman	1
Education	Nursery School	1
	Primary School	2
	Secondary School	3
	Further Education (FE)	2
	Higher Education (HE) – old university	1
	Higher Education – new university	1
Social Work	Criminal Justice	3
	Children (& Families)	3
	Community Care	2
	Policy	1

8.6 Although no sub-groups are described for prisons, interviews were carried out in a women's prison and a young offenders' institution.

8.7 It had been hoped to arrange interviews with the emergency services, but this was not possible.

Geographic Area

8.8 Between 10-12 PSBs were interviewed across most of the 10 study regions (see Table 8.3) plus an additional PSB with a Scotland-wide remit.

8.9 It was only possible to arrange to interview 8 PSBs in the Highlands & Islands (including Argyll & Bute) (R5). Interviews in this area covered the Highlands & Islands generally, but included PSBs which stated specifically that they had a remit covering:

- Western Isles, Orkney and Shetland
- Shetland Islands

8.10 In addition, one PSB, based in Grampian (R4), also had a remit for the Shetland Islands.

8.11 Three PSBs in Justice also described themselves as having a “Scotland-wide” remit, but were included in a particular area for the purpose of the study. This was also true of the PSB in the area of immigration.

8.12 A further PSB (Mental Health) gave its remit as being Scotland and Northern Ireland.

Table 8.3 No. of PSBs per region

Region No.	Name	No. of PSBs
1	Sighthill	11
2	Glasgow (Renfrewshire, East Renfrewshire, North & South Lanarkshire, Dunbartonshire, Inverclyde)	12
3	Ayrshire	11
4	Grampian (including Aberdeen City)	10
5	Highlands & Islands (including Argyll & Bute)	8
6	Borders	10
7	Edinburgh & Lothians	12
8	Fife	10
9	Central Scotland (including Falkirk & Stirling)	12
10	Perth & Tayside (including Dundee)	11
11	Scotland-wide	1

Position of person interviewed

8.13 Annex 8 provides a list of interviews (in order of interview). It indicates the position of the person with whom the interview was conducted.

8.14 PSB identity numbers are also listed for ease of reference.

Conducting of interviews

8.15 Following the eighth interview, the research team decided to include a systematic explanation of Translation, Interpreting and Communication Support in the introduction. This would enable people to keep blind and d/Deaf people in mind when answering questions. It is possible that there could have been more emphasis on Deafblind people.

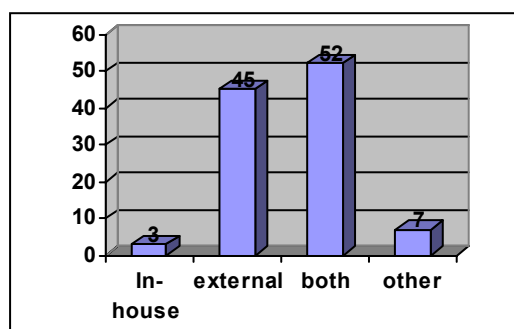
Service Providers

Provision of TICS services

8.16 Most PSBs (48%) provided TICS services through a combination of in-house and external provision. Slightly less than 3% of PSBs relied on in-house provision only. See Figure 8.1.

8.17 One PSB (not included in final figures) claimed not to provide any TICS services, but then stated “except through a Council ITS which was in the same building”.

Figure 8.1 Staff providing TICS services



Payment of interpreters

8.18 There was a wide range of responses provided regarding the payment of interpreters. See Table 8.4. It was significant that 34 PSBs (31%) provided no information and a further 5 thought the question did not apply to them.

Table 8.4 Payment for interpreting

General area	Specific area	No. of responses
No one		2
Voluntary service	Volunteers - no payment	2
	Voluntary Action (annual payment)	1
Members of public	If not statutory	1
Unsure	Good question!	1
	Don't know/unsure	5
	Unsure, but not client	1
Council	(1 mention of "if statutory")	8
	Other parts of the council	1
	Communications Team of council	1
Health	NHS	2
	Health Board	2
	Primary Care Trust	1
	Hospital	1
	GP (and refunded by board)	1
Legal	Scottish Court Service (for accused)	5
	Court	2
	District Court	1
	Procurator Fiscal (for witness)	3
	Defence (for defence)	1
	Police (force)	6
	Prison	3
	Criminal Justice Team	1
Social Work Department		5
Housing		1
	Housing Partnership	1
Work	DWP	5
	Jobcentre	2
	Employer	1
Study	Disabled students allowance	1
	University (if foreign student/student with no funding)	2
PS		4
PSB		4
Establishment		2
Department		1
Trust		2
NIS		1
No data	No information	34
	N/A	5

Notes to table Some respondents gave several answers

External "formal" providers of TICS services

8.19 There appeared to be a lack of clarity about internal procedures and practices. There was evidence from interviews that PSB respondents often did not know either the telephone numbers to call to book an interpreter or who the providers were when telephone numbers were available. Even when TICS services arrangements had been made by a PSB,

information seemed not to have reached or been passed on to all workers (even managers) within a division.

Others external providers of TICS services

8.20 PSBs also contacted universities and colleges for spoken language provision, including both students and staff.

8.21 A point to be noted is that some PSBs used volunteers who were not paid (including one NHS).

In-house staff providing TICS

8.22 Only 6 PSBs (5%) employed in-house staff to provide TICS services. The remaining PSBs either did not employ in-house staff (57 PSBs) or did not consider the question applicable (43 PSBs).

Languages and TICS qualifications of in-house staff

8.23 From some of the additional comments made, it was possible that the respondents were unclear about what exactly constitutes a TICS qualification. See Table 8.5.

8.24 Only 6 respondents (just over 5% of total surveyed) claimed to employ staff with languages and TICS qualifications. One referred specifically to the DPSI and another mentioned BSL plus a qualification.

8.25 A slightly larger number (9%) reported some level of qualification but this did not apply to all the staff. They either held a TICS qualification or some level of language qualification (in one response accompanied by an academic qualification in a non-specified area), but without any TICS qualification.

8.26 Often the level of language was quite basic. One PSB described “basic language skills” without specifying the language. Four referred specifically to BSL and 3 of these PSBs cited BSL or CACDP levels 1 or 2.

8.27 Two PSBs admitted that in-house staff offering TICS support had no qualifications. One explained that the doctors concerned were usually from an ethnic minority background. The second stated that staff were employed as bilingual support assistants in the classroom and could interpret for grandparents.

Table 8.5 In-house staff with qualifications in languages and TICS

In-house staff with qualifications	No. of responses
Yes	6
Some	10
No	32
Unsure/no information	16
N/A	44

In-house staff providers of TICS

8.28 Some services had recruited staff with a language background, but these should not be confused with interpreters trained in interpreting skills. It was not possible to determine how fluency and proficiency regarding language skills were evaluated.

8.29 Other services, such as prisons, had made BSL training accessible to staff but gave no indication about the level of competence achieved and whether staff were then expected to act as interpreters.

8.30 The research did not survey PSB in-house TICS providers (such as those used outside the PSB) to explore their level of qualifications and experience. This could have been informative since *de facto* these people are used as interpreters in addition to their other duties and there could be confusion between roles (e.g. that of interpreter and that of nurse).

TICS services provided by family, friends and members of the community

8.31 The majority of PSBs (83%) used people such as family, friends and people from the community to assist with communication. When deducting those who justified why and when this occurred, the percentage dropped to 77%. Only 13% did not rely on such assistance.

Proportion of services provided by family/friends

8.32 The spread of PSBs using family, friends or people from the community to provide assistance with communication was concentrated towards either end of the scale i.e. “majority” and “minority”. See Table 8.6.

Table 8.6 Proportion of services provided by family/friends

Proportion	No. of responses
All	5
Majority	23
Often	3
Half	3
Sometimes	10
Minority	24
No information	24
N/A	16

8.33 Respondents could describe in their own words the proportion of assistance provided by family, friends and people from the community compared with formal TICS providers or staff. Table 8.7 shows the actual responses in the various categories.

Table 8.7 Responses (proportion of services provided by family/friends)

Category	Response	No. of PSBs	Category	Response	No. of PSBs
All	100%	3	Minority	Minority	6
	All	2		5-10%	1
Majority	98%	1		Less than 10%	1
	majority	14		Low	1
	Probably most	3		5% ****	2
	90%	1		Less than 5%	1
	80%	1		Very little	1
	75% (high)	1		No more than 3-4%	1
	60-80% #	1		minimal	2
	70%	1		rare	1
Often	Often	1		1-2%	1
	60%	1		Exception	1
	2 out of 3	1		1%	3
Half	50%	1		Twice last year	1
	50:50	2		Not often/never	1
Sometimes	40% * #	2			
	30% **	1			
	25%	1			
	20% ***	3			
	10%	2			
	Maximum 10%	1			

Notes to table

- * one stated 60% formal TICS provision
- ** one stated 70% formal TICS provision
- *** one stated 80% TICS provision
- **** one stated 95% formal provision
- # 40 family & friends: 60 in-house staff
- # 60-80 family & friends: 20-40 TICS (staff rarely)

8.34 One PSB indicated that it used staff more often than family and friends. Another stated that it only called a formal service when a client was unaccompanied.

Family and friends as providers

8.35 There were serious issues related to the use of family and friends to provide TICS. PSBs, when asked in which circumstances they would not want to use family or friends, often replied that this was when the client did not want family or friends to act for them and be privy to their business. It might, however, be difficult for a vulnerable person such as a child or teenager, to make their need for privacy known to the PSB. In addition, it was not always clear how a PSB informed its clients that they could choose to have a professional interpreter.

8.36 In some cases, it was the end-user him/herself who preferred to use a family member rather than an external provider. The issue here, raised by a GP's surgery, was whether the PSB could impose the choice of provider. The view of a few PSBs was that an external provider should be brought in for impartiality (no advocacy), but that the family/friend could stay for moral support.

8.37 An increase was reported in people arriving accompanied by family or friends and specifically refusing the interpreter provided. (PSB28) When clients had little or no command of English, the PSB could not be certain that it was their choice to refuse the external/professional interpreter if the message was conveyed through a family member or friend.

8.38 The main reason given by PSBs for using family and friends (PSB33, 61) was that it was the end-user's choice. To make an informed choice, however, the end-user must be made aware of the possibility of booking an interpreter.

Training, qualifications, experience and standards

Qualifications and standards

8.39 Unfamiliarity with particular standards did not mean that respondents did not want to use professional people. It was sometimes simply the case that they did not know the name of the professional qualification. What was interesting was to see who they used in practice (family/untrained staff).

8.40 There was an issue relating to the expectation of qualifications and what the minimum should be. Very few respondents had an awareness of any qualifications in the field, even if a few stated that "an appropriate qualification" would be a requirement.

8.41 Nearly all respondents stated that they trusted and relied on the TICS providers to guarantee this, and most of them added that they had had no cause for complaint.

Checks on qualifications or training

8.42 Most PSBs (69%) did not carry out checks on the training or qualifications of TICS providers. See Figure 8.2. This statement was qualified by 4 PSBs included in this total. They expected the interpreter to declare qualifications and experience as part of swearing an oath, there was feedback from the clerk (Justice) and the PSBs gave feedback to the council ITS if there were problems (mental health).

8.43 PSBs indicated that they relied on the TICS providers to carry out checks or they did not know because another department (e.g. the procurement department) handled bookings.

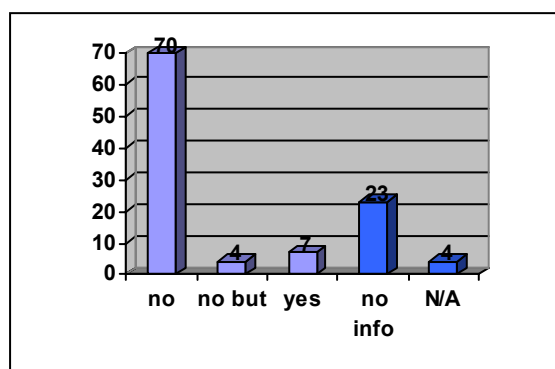
8.44 The carrying out of checks on the qualifications held by the professional language provider was one of the major issues for justice (police and courts) because of lack of knowledge. As mentioned above, most PSBs did not check qualifications since this was done by TICS providers and the service was bought from them (PSB52, 53). In another instance, the level of qualifications had been established at the outset when the service level agreement and contract was negotiated (PSB22) and trust had now developed between PSBs and TICS providers. Often respondents said that they assumed that checking was done by senior management or at corporate level (PSB33, 34, 41).

8.45 Some doubtful answers were given in other cases. One PSB (PSB55) stated that BSL interpreters were accredited by the NHS so that they could work in a health environment. Another PSB (PSB30) suggested the system was similar to clinical staff.

8.46 In other cases, the respondents stated that it was “easy to see if the interpreter was good or not, depending on the replies” from the end-user. The criteria used to make these judgements did not seem well-defined. Moreover, as no in-house staff had translating and interpreting or even language qualifications, it might be that any judgement reached would be ill-founded. For example, a professional interpreter asking for clarification might be deemed inefficient or “incompetent” whereas they would actually be acting most professionally.

8.47 Overall, few PSBs checked qualifications. Some best practice was shown by the Courts which asked for a written assessment of interpreters before a case, although this was not always mentioned by the court respondents. The sheriff or judge would also ask interpreters to swear an oath or affirm that they were suited to carry out their mission.

Figure 8.2 Checks of qualifications/training



Experience

8.48 Awareness of an acceptable minimum level of experience among PSBs tended to be even more sketchy. Respondents indicated that they wanted “fluency” and a “good knowledge of language” but did not always mention both languages. A few added “knowledge of culture”, although they were not all aware of this aspect, “specialism” (health, mental health, legal fields) or “previous experience in the field” (mostly relating to court or mental health).

8.49 This finding may have implications for the type of training given to new interpreters and the renewal of the pool of interpreters.

8.50 In some paradoxical situations, PSBs indicated high expectations, but were actually using untrained and unqualified staff or family and friends. The choice was sometimes directly linked to the lack of specialised training for interpreters and applied particularly to fields such as health and mental health (MH). A service provider preferred using colleagues with a language background in cases where the interpreter had insufficient knowledge of MH issues.

Quality Assurance

8.51 PSBs often reported that no quality assurance had been carried out since they had encountered no problems so far. This view could be attributed to the fact that the respondents were not policy makers, responsible, for example, for BSL provision in a rural area prison.

8.52 Any quality control that did take place was extremely informal, relying on subjective impressions such as facial expressions. Different levels of feedback would depend on language needs. One solution for VI was to ask for feedback through a communication channel such as relative, school-teacher or learning support. There was often no feedback for spoken language.

8.53 Police and court respondents emphasised the fundamental importance of quality control.

Use of directories or registers of TICS providers

8.54 There were 71 responses to the query about the use of directories or registers. More than a quarter of these (27%) specified that they used the SASLI register of BSL interpreters as a reference document. One respondent stated this was the only register used. Even one PSB which did not use any register stated they were aware of the SASLI register.

8.55 This was more than double the number of PSBs using any register for spoken languages (13% of those who gave a response).

8.56 Those using no register at all made up the largest group of respondents (61%).

8.57 Only a few PSBs used 2 or 3 registers for reference:

- SASLI + RAD (1 response)
- SASLI + NRPSI (2 responses)
- SASLI + IoL (1 response)
- SASLI + ITI (1 response)
- SASLI + ITI + NRPSI (1 response)
- NRPSI + ITI (1 response)

8.58 There was some awareness of the NRPSI register, although it was not used since few interpreters were registered in Scotland. There was also little knowledge of the ITI directory:

the ITI Scottish network of interpreters was known, but the directory was out of date (PSB32).

Use of written requests

8.59 This question was included to assess the validity of information given to TICS providers. It was likely that information about telephone requests would not be handled consistently, compared to written requests where information fields needed to be completed.

8.60 The majority of respondents made bookings by telephone, with some subsequently confirming the booking by fax (PSB46, 47, 49, 61). This applied particularly to one TICS agency, but fax confirmations were used more for invoicing purposes than as a source of accurate and sufficient information. Very few PSBs had template forms ready for use (PSB22, 24, 31, 48).

8.61 In some cases, PSBs used a ready-made form drafted by the PSB itself (for example, Lothians & Borders Police). In other cases, they used the TICS provider's form. In most cases there was nothing on paper, since the request was made over the telephone. Arguably, the extent to which PSBs are aware of the complexities surrounding TICS may affect the level of details given to the provider in advance of the assignment. An appropriate description of the situation may help to match an interpreter to a situation or client.

Use of freelance interpreters or translators

8.62 Some 22% of PSBs used freelance interpreters or translators but nearly twice as many (almost 44%) did not. The former included a PSB which had used freelance BSL interpreting "in the past" and the second figure included a "no but" response.

8.63 Although agencies were responsible for providing many freelancers, a few PSBs booked these directly and gave additional information. Only 2 PSBs used freelancers for BSL. One PSB used freelancers only if necessary, but did not have a list. Eight PSBs, however, did mention a list that was:

- only for in-house provision (1)
- in draft form (1)
- held by the human resources department (1)
- drawn up by the Scottish Court Service (2)
- populated by 60 interpreters (1)
- populated by 70 interpreters (1)
- populated by about 100 interpreters (1)

Policy of matching an interpreter to a situation or client

8.64 Among the 40% of PSBs responding positively about matching an interpreter to a situation or client, there were 4 PSBs that qualified their answers. Two answered positively, but added that this depended on the circumstances. One PSB explained that this applied for some issues and another specified that this applied to age and gender.

8.65 Among the 54% of PSBs that had no policy of matching interpreters, 4 PSBs qualified their responses. One stated that there was no policy, but that this might depend on circumstances. One PSB said that it depended on the advisor and another that it depended on whether a particular request was made. A further PSB said that although there was no policy, it depended on “common sense”. Table 8.8 shows the spread of responses.

Table 8.8 Matching policy

Response type	No. of responses
Yes	39
Yes but	4
No	54
No but	4
Don't know	2
No information	3
N/A	2

8.66 Some PSBs admitted that they lacked knowledge of the issues and trusted the TICS providers who were better informed. A key question, however, was the information they gave TICS to enable them to make this informed decision. On the grounds of confidentiality, some PSBs were unwilling to give too many details in case the end user was able to be identified. Table 8.9 lists the issues taken into account when matching an interpreter to a situation or setting.

Table 8.9 Issues taken into consideration for matching

Issues for consideration	No. of references by PSB
Communication needs	34
- Dialect/language variation	32
- Level of language used by client	1
- Respond to customer's needs	1
Gender (all references)	55
- Gender	51
- Situation + gender	1
- Religion + gender	3
Religion	13
Ethnic, cultural & social backgrounds	29
- Ethnic background *	16
- Cultural background	10
- Tribal background	1
- Social Background	1
- Shared history	1
Caste	3
Age	9
Particular settings/situation **	19
Skill level	4
- experience	1
- specialism	2
- ability to interpret for a group	1
Requests/preferences	18
- expressed by client	16
- expressed by solicitor	1
- advice from Victim Information Advice	1
Special requirements re: interpreter	15
- same interpreter as previously	12
- different interpreter from before ***	2
- interpreter from outside the area	1

Notes to table

- * included example of same ethnic background though interpreter born in Scotland.
- ** included use of the parents of students (1) and a case where the relationship/rapport was important.
- *** examples specifically related to the justice system and the need to have a different interpreter in court from the one used by police.

8.67 Other PSBs, based in more rural areas where TICS and BSL as a language were less easy to access, admitted that their main focus was on language provision. Just locating an interpreter was a difficult task.

8.68 Most PSBs mentioned “gender” as an important criterion, but concentrated on identifying a female interpreter for a female end-user, rather than a male interpreter for a male end-user.

8.69 When asked to what extent matching should be applied, respondents made non-discrimination a priority. The interpreter should not refuse to interpret on grounds such as ethnicity, although end-users themselves might raise objections. PSBs mentioned some difficult situations such as a Croatian interpreter¹⁸ refusing to interpret for Serbians during the

¹⁸ NB: the interpreter was from the local university i.e. either staff or student

war in former Yugoslavia. Other examples given by PSBs are of speakers of the same language from opposing nations such as Iran and Iraq. A Maternity Service specified termination as an example of a sensitive setting in which it would be an interpreter's right to refuse to interpret.

8.70 Many PSBs stated that matching criteria, for example, in health and education, were based on end users' requests and that they would try and accommodate these (PSB34).

8.71 Another criterion given was cultural background. Most respondents mentioned religion, specifying, in particular, gender requirements for the Muslim population. Female interpreters were preferred for Muslim women, especially girls, but on one occasion, a male interpreter was requested for Muslim young offenders. Preferences might be defined more precisely, and on one occasion specified the two main branches of Islam, Sunni and Shia.

8.72 There was a general lack of knowledge on the part of PSBs. They preferred to trust TICS providers or to rely on being informed by the end-user.

8.73 The amount of information provided in advance to TICS providers was closely linked to matching, since TICS providers could not match the interpreter to the setting or client unless they were given appropriate information.

8.74 The matching depended on different staff and what they felt was relevant since guidelines or a checklist rarely existed. Not everybody agreed, for example, about disclosing the name of the person requiring interpreting on grounds of confidentiality.

8.75 There was another practical difficulty. A PSB could not obtain information from a person on subjects such as language variation, ethnic background or religion if there was no way of communicating with that person. Telephone interpreting could be used to extract basic information. Alternatively, some TICS providers called the end-user before the meeting to carry out a check on behalf of PSBs.

8.76 In certain situations such as police, mental health and maternity for termination, the protection of sensitive information and confidentiality was crucial so the name of the end user was not released. This meant that if an interpreter arrived and found out that they knew the person, they needed to advise the PSB who would then arrange another interpreter. This course of action would be best practice. In real terms, it might not be feasible to get another interpreter in time. In small communities where the interpreter knew everyone, the PSB relied on the interpreter to mention that they knew the person (PSB21).

8.77 This disclosure needed to be made to avoid suspicion of collusion, but respondents also felt that there were circumstances that might affect both the interpreter and the client. For example, the interpreter might feel incapable of carrying out the work impartially.

8.78 Respondents wondered whether this could be left to the client (i.e. end-user) and interpreter in advance to decide so that a replacement could be found to avoid postponing the appointment again. This could be a controversial practice since it risked compromising the interpreter's impartiality and could lead to complications.

8.79 This issue was particularly relevant in small communities.

Requests

Number of requests

8.80 Figures regarding the volume of requests seldom or rarely included cases where interpreting was carried out by unqualified in-house staff or friends and family. As a result, these figures did not give a true picture of the demand for TICS services on the part of the end-users. They only showed the number of times a “formal” (or professional) provider was called upon, except where PSBs were asked specific questions relating to this type of provision.

8.81 In some cases, respondents, including one hospital respondent, highlighted the discrepancy between the two sets of data, but other respondents did not recognise the distinction.

Speed with which services are usually required

8.82 The majority of TICS services were required within 24 hours. When services required within an hour were added to those required within 1-24 hours, the figure came to 46% of all time-scales cited. Almost an eighth of all requests cited (12%) were required immediately, or within the hour. See Table 8.10 for the full range of responses.

8.83 The demand steadily decreased as the period of notice increased.

Table 8.10 Speed with which services are required

Speed	No. of responses
Within an hour	18
Over 1 hour – within a day	51
A day or two	22
Around a week	15
Up to 10 days/fortnight	15
A few weeks	12
Over 1 to 3 months	8
Over 3 to 6 months	2
Over 6 months	1
Other	6

8.84 Respondents sometimes gave several responses depending on activity.

8.85 Table 8.11 gives a detailed breakdown of the different types of delays described. The justice system laid down specific interpreting requirements. Most requests did not specifically indicate whether interpreting or translation was referred to, although it was often understood that interpreting was what was required. Translation was mentioned specifically on a few occasions.

8.86 One respondent provided the following time-scales for translation:

- same day for news
- e-mails within 24 hours
- 3 days for letters
- 1000 words per day for long documents

8.87 Another respondent indicated that it took 1-3 weeks to get a translation or transcription, and reported that the fastest time taken to produce a large print version had been 20 minutes.

8.88 As well as the type of activity, the time-scale depended on the circumstances in which TICS services were required as well as on the purpose of the meeting. A person might drop in unannounced, there might be an emergency or the meeting or medical appointment might be scheduled in advance. The PSB member of staff might also have to work to a deadline as part of a required process. This might entail having to produce a report within a certain time-scale or comply with the 6-hour custody rule for the police.

Table 8.11 Detail of speed with which services are required

Time-scale	Refs	Time-scale	Refs	Time-scale	Refs
Within an hour		Around a week		Over 1-3 months	
No notice	2	5 working days	1	Month plus	1
Few minutes *	1	3-4 days to week	1	4-8 weeks	1
20 minutes	1	Within week	13	Up to 40 days ****	1
Emergency	6	10 days -fortnight		4-8 weeks	1
Immediately	5	1 week – 10 days	1	Less than 8 weeks	1
As soon as possible	2	10 days	1	4 weeks – 3 months	1
Less than 1 hour	1	1-2 weeks **	3	8-12 weeks	1
Within a day		3-4 days to fortnight	1	12 weeks/3 months	2
Within 1½ hours	1	fortnight	9	Over 3-6 months	
1-2 hours	19	A few weeks		110 days *****	1
2-3 hours	1	2 weeks plus	1	Less than 5 months	1
Same day **	21	2-3 weeks	1	Over 6 months	
Overnight ***	1	3 weeks **	2	More than 6 months	1
Less than 24 hours	3	22 days	1	Other	
24 hours **	5	2-4 weeks	1	Varied	2
A day or two		3-4 weeks	1	1 week – 6 months	1
1-2 days	12	Less than a month	1	1 week – 1 year	1
48 hours/2 days	4	month	4	Not urgent	1
2-3 days	2			Time to suit family	1
3 days **	2			Time to suit family	1
3-4 days	1				
Few days	1				

Notes to table

- * indicated that a telephone interpreting service takes 10-15 minutes
- ** including 1 reference to translation
- *** Justice system: for custody
- **** Justice system: for a witness (if summary trial)
- ***** Justice system: solemn indictment

Peaks in demand for TICS

8.89 More than half of the total number of PSBs (61%) considered that there were no peaks or trends in demand for TICS services. Two PSBs, however, did qualify this negative response, one stating that it depended on circumstances and the other that there was an overall increase in demand for TICS.

8.90 A sizeable proportion (19%) of PSBs (20 out of 108) gave no response, stating that the “point did not apply”, they “didn’t know” or “had no information”.

8.91 A number of PSBs did return responses (see Table 8.12) which could be grouped under the following themes:

- seasonal (8%)
- related to the school/college/university academic year (6%)
- related to particular events (4%)
- occurring at particular times of day/day of week (5%)

8.92 Three PSBs gave responses which indicated dips in demand:

- sometimes less demand in recess (Christmas, Easter, summer)
- less demand at festival times
- never any demand on Tuesday when asylum seeker allowance comes

Table 8.12 Peaks in demand

Peak times	Detail	No. of responses
None	No peaks in demand	65
	No but	1
Seasonal	January	1
	Summer	4
	August	2
	End of summer	1
	September	1
Academic year related	Enrolment 16-17 August	1
	Start of the academic year	1
	Start of the session	1
	Arrival of new students	1
	September (university work)	1
	Parents’ Evenings (June + Dec/May + Nov)	2
Related to particular events	Following dispersal programme	2
	Depending on parliamentary decisions/business	1
	International Youth Festival (July)	1
Time of day/week	Mornings	1
	Monday mornings	1
	Mondays *	2
	Tuesday, Wednesday, Thursday	1

Notes to table Some respondents gave several answers
 * for custody

Initiation of requests for TICS

8.93 The question of who usually initiated requests for TICS services was interpreted in several different ways. It was taken to mean either the person who actually made the booking arrangements or the one who identified the need for TICS initially. Table 8.13 describes the role played by PSBs and end-users in initiating TICS according to responses.

8.94 Only 5 PSBs gave no information. One of these thought “perhaps the police”, but was unsure. A total of 117 responses were received (some respondents gave several responses) and 77% of these responses judged that requests for TICS were initiated by public service bodies or their staff. A further 15% of responses indicated that both PSBs and end-users were responsible for initiating requests (or awareness of the need for TICS). Only 9% of responses gave full responsibility to the end-user.

8.95 The research found that in some cases TICS requirements were requested by the PSB as part of an initial monitoring system. Examples included requests from students in registration forms or through a special needs advisor, by users of social work services in self-assessment forms, or by someone or their family telling a GP, etc. Once the need has been “flagged”, however, needs should be recorded and acted upon by PSB staff thereafter. This could form part of the referral system from the primary care sector to other health professionals (to midwives and others in the acute sector) or as part of an Integrated Care Programme in mental health.

8.96 It was found, however, that TICS need was not always passed along the chain and that initiation of requests for TICS services did not always start early enough in the chain.

Table 8.13 Initiation of requests for TICS

PSB	No. of PSBs	End-user	No. of PSBs	Both	No. of PSBs
PSB *	26	End-user to request brochure	1	PSB + end-user	6
PS staff	16			PSB + family	1
Front line staff	4	End-user	3	Staff + public	1
Reception staff	1	Referral from end-user	1	Respondent to survey + client	1
Reception officer **	4				
warden	1	Client (referrer)	1	Staff + patients	1
officer	1	Client completes section on CS needs	1		
Officer on ground	2	Patients #	4		
Police officer ***	5	Family/relative # #	3		
Police	2	Applicants	1		
Magistrate	1	Students # # #	2		
Solicitor ****	2			Either	
Procurator Fiscal *****	5			PSB or end-user	1
Court social worker to prison social worker	1				
Social work Department	1				
Social Services	1				
Social Worker/Domestic Social Worker	2				
Health Visitor	1				
Midwife at 1st visit *****	1			Other	
Referral from clinician	2			Sometimes interpreter	1
GP referral	6				
Doctor/nurse in charge	1				
Refugee Support Team	1				
Lecturer	1				
Depute Head Teacher	1				

Notes to table * included 2 adding “Mental Health Team”, 1 “should be by referral”, 1 “Depute Head Teacher” and 1 “students advise in application”.
 ** on advice of court.
 *** police if child protection.
 **** to bring to court’s attention.
 ***** included one stating “for witnesses only” and 2 others stating “usually police to advise”.
 ***** should be referral from primary care.
 # initially, thereafter from records.
 # # in 1 case need to tell/telephone doctor/surgery then practice manager will book; in 2nd case health professionals to contact ITS.
 # # # including 1 explaining that students visited the respondent to arrange TICS.

Services requested

8.97 Interpreting was the main type of support requested, particularly “face to face” (liaison or dialogue) interpreting. See Table 8.14. Out of 233 responses (PSBs could mention several types of TICS) 59% referred to all types of interpreting combined and 40% referred to specific face-to-face interpreting. Other responses mentioned translation (22%), telephone interpreting (16%) and written transcription (8%). It was not clear if written transcription involved only a change of format, from oral to written, or if there was also transfer between languages.

8.98 Other types of interpreting mentioned included interpreting (non specific), simultaneous interpreting and video-conference interpreting. Only 1% cited the last type.

8.99 Sight-translation was cited as another type of translation/interpreting activity.

8.100 Additional types of communication support, involving work between two languages or in the same language, included minute-taking in another language, note-taking in the same language (4% of mentions), subtitling (different language), transfer into video format, transfer into audio format, telephoning and facilitating.

8.101 There were also responses from 7 PSBs (6% of total PSB respondents) who said that they had had not received any requests for TICS services.

Table 8.14 Services requested

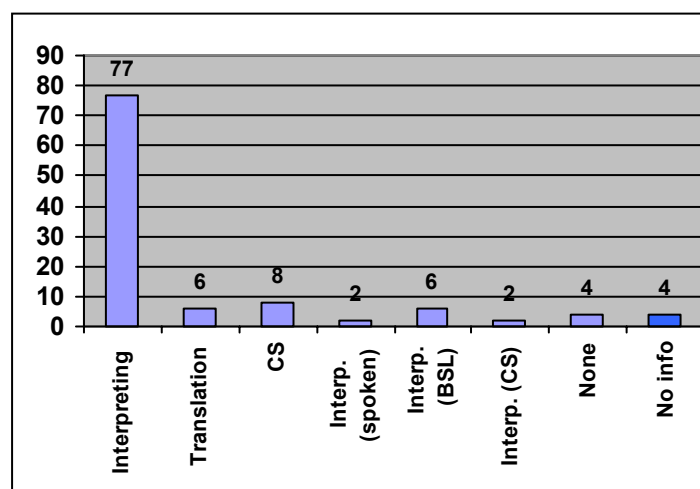
Services	Number of responses
None	7
Interpreting	3
Face to face interpreting	93
Simultaneous interpreting	1
Telephone interpreting	37
Video-conference interpreting	3
Sight translation	1
Translation	51
Written transcription	18
Minute-taking (different language)	2
Note-taking (same language)	9
Subtitling (different language)	2
Dubbing (voice-over)	0
Video format	2
Audio format	1
Telephoning;	2
Facilitating	1

Most requested type of TICS support

8.102 Most PSBs (81%) reported that “interpreting” or interpreting involving a particular language or communication system was the most requested service among translation, interpreting (spoken and sign languages) and communication support. Only one PSB gave an answer in which both interpreting and translation “tied” as most requested. See Figure 8.3.

8.103 Interpreting involving BSL was cited three times as often as interpreting involving “spoken” languages, although the figure for spoken tied with that for interpreting for Deafblind people. The figures regarding interpreting with specific languages were low and in most cases confused with interpreting generally, but the respondents felt strongly enough to want to make the distinction.

Figure 8.3 Type of TICS support most often requested



8.104 Communication support (CS) was cited more often than translation (7% compared to just under 6%).

8.105 When indicating communication support, two PSBs gave additional information about the type of support most requested, mentioning large print (2), audio format and Braille (1).

Specific types of communication support requested

8.106 When there was use of DeafBlind services (which was rare), respondents did not know which Deafblind service was used. There was a general lack of understanding of what Deafblindness was (PSB5).

8.107 The other form of communication support mentioned often in the course of interview (and mistaken for speech to text) was the use of a text-phone.

8.108 Written communications were forms given to end users translated into or available in their language (for example, Health) or in a language they understood in writing (for example, immigration and the Welcome Pack). Table 8.15 lists the specific types of CS requested.

Table 8.15 Specific types of CS requested

Type of communication support	No. of responses	Type of communication support	No. of responses
None	52	Audio *	2
Braille	10	Palantype	1
Alternative formats	8	Language of speaker	1
Lipspeaking	7	P/t Spoken to Text	1
Deafblind hands-on signing	7	BSL video	1
Deafblind manual (alphabet)	6	Transcription	1
Sign Supported English (SSE)	5	Transcription to audio	2
Large print	4	Adequate carer (parent/LD nurse) through LD Liaison Team	1
Communicator/guiding	4		
Text-phone	3	Hearing loop	1
Makaton	3	Large signs (VI)	1
Restricted frame signing	2		

Notes to table * one mention included specification “transcription to audio of normal size print”.

Number of languages requested in combination with English

8.109 Responses were obtained from 81% of PSBs with one or two giving separate answers for interpreting and translating. A wide variety of responses was returned (see Table 8.16) which were grouped into number of languages (in classes increasing by “5”) to give a visual representation of the spread of languages.

Table 8.16 Detail of number of languages requested

Number of requests	No. of PSBs	Number of requests	No. of PSBs	Number of requests	No. of PSBs
none	6	5 or above	1	15	2
No interpreting	1	6 translation *	2	15-20	2
1	12	6	2	16	1
1-2	1	7	2	17 interpreters *	1
2	8	8	2	20	1
3	7	Less than 10	3	20-ish	1
About 3	1	About 10	1	Average 20	1
3 translation	1	10 odd	1	20 +	1
3-4	1	10-20	1	35	1
4	9	12	1	44	1
4-5	1	About 12	2	62	1
Less than 5	4	Average 12	1	90	1
5	1	15 maximum	1	94	1
About 5	2				

Notes to table * same respondent 16 interpreting; 6 translation.

8.110 Most PSBs found that 1-5 languages approximately were requested (45% of PSBs). This included 11% who reported that a single language was requested.

8.111 One PSB reported 20 languages being requested out of the “40 languages spoken at home for education” The area most end-users came from included Inverness, Ross & Cromarty and Fort William.

8.112 Two respondents reported 90 and 94 languages. The first covered the area of Glasgow and added that 120 languages were spoken in the Glasgow area. The second (94 languages) provided “90% of these to Glasgow, 8% to Edinburgh and 2% to the rest of Scotland”. Another PSB whose clients came from areas in Glasgow (Sighthill, Cranhill, Red Road, Blue vale, London Road, Toryglen, Shawbridge St, Gorbals) reported 62 languages requested.

8.113 A PSB with Edinburgh as an area reported 44 languages requested in the 6 months before interview (2004).

8.114 One of the respondents who returned no information stated that languages were provided by family and friends.

Most common languages requested

8.115 Table 8.17 illustrates the range of languages reported by PSBs as the most common languages requested. They are listed in decreasing order of frequency of citation and as described by the PSB. For example, “Nigerian” is given as a language, but possibly a language such as “Hausa” should be indicated.

8.116 Only 13% of PSBs did not provide any information. Many responses received indicated several languages.

8.117 PSBs sometimes grouped languages together under a more general heading. For example, if all PSBs who stated “Chinese” were actually referring to Cantonese and the figures for Chinese and Cantonese were added together, Chinese would be the most requested language with 39 references. It was more likely that some of the references to Chinese refer to Mandarin.

8.118 One PSB indicated that Arabic accounted for 25% of all the work requested in Dumfries and Galloway. Another reported that 34% of their work requirement was for Russian. There was some indication of Japanese being required for “visitors” and one mention of Chinese, Bengali, Urdu and Arabic as the main 4 languages for translation. Another PSB mentioned 1 deaf person from Bangladesh.

Table 8.17 Most common languages requested

Language	No. of PSBs	Language	No. of PSBs	Language	No. of PSBs
Urdu	38	Italian	5	Others	2
Punjabi	30	Asian languages	5	Bosnian Serbo-Croat	2
Arabic	23	Somali	5	Nigerian	1
BSL	22	Kurdish	4	Danish	1
Chinese	20	Pakistani languages	4	Dari (Afghanistan)	1
Cantonese	19	Dutch	4	Korean	1
French	18	Japanese	4	Albanian	1
Spanish	16	Some European languages	3	Gujarati	1
Russian	12			Flemish	1
Turkish	11	Iraqi languages	3	Bulgarian	1
Kurdish Surani	10	Romanian	3	Cant *	1
Farsi	9	African French	3	Hungarian	1
Portuguese	9	Latvian	2	Ukrainian	1
Bengali	9	Swahili	2	Croatian	1
Mandarin	7	All main Indian languages	2	Swedish	1
Hindi	7			Varieties of BSL	1
German	7	Gaelic	2	None	1
Polish	5				

Notes to table * Travelling Community

Changes in the languages requested

8.119 Over a third of PSBs (39%) considered there had been no change in the languages requested compared with a few years ago. A further 27% did not provide any information. The remainder often listed several languages.

8.120 Table 8.18 shows the increase in demand for languages according to the frequency mentioned by PSBs. It also lists those languages for which demand is decreasing. PSBs reporting a drop in demand were often at variance with PSBs experiencing an increase. This could indicate localised shifts, such as a client moving to a new area or changing requirements. Two PSBs reported the relocation or closure of a Japanese company.

8.121 Table 8.18 also indicates the new languages requested. Particular shifts in demand were reported by PSBs, such as:

- Farsi, Arabic and Kurdish were requested 7 years ago, now it was Somali, Swahili and Chinese
- There were now more African than Middle Eastern languages requested
- Urdu, Dutch and German were the majority languages, now this was Kurdish and Farsi
- There was a move from Urdu to European languages
- There were fewer European languages, more Arabic and African
- Urdu, Punjabi, Hindi and Cantonese dominated, but now there were 30 different languages
- change (non-specified) regarding east European languages (Polish and Russian)

8.122 Specifically, PSBs reported a much wider variety or range of languages requested (5 PSBs i.e. 5%) and one emphasised monthly changes in the languages requested.

8.123 Often PSBs equated the client or end-user with a language or considered the needs of the person rather than fully realising the language required. For example:

- more Chinese students
- more Deafblind people
- more eastern European refugees
- more migrant workers
- more refugees from outside Europe
- more “tourist clients” from European countries
- most clients used to be Iranian and Iraqi, now Somalian

8.124 One PSB remarked that more non-Scottish people lived in the Highlands than previously.

8.125 Overall PSBs reported an increase in the amount of TICS (2). One explained this by the fact that there was more awareness of services and less stigma felt by users. Another PSB explained that there was also more awareness on the part of the PSB. It was reported that there was “more respect from the courts than 4 years ago”.

8.126 One PSB reported that costs were rising year on year.

Table 8.18 Changes in the languages requested

Increase in demand for this language	No. of PSBs	Decrease in demand for this language	No. of PSBs	New language requested	No. of PSBs
Arabic	5	Arabic	1	Turkish	3
European languages	3			Arabic	2
Kurdish *	3	Kurdish	1	Russian	2
Mandarin	2			Chinese	1
French	2			French	1
Farsi	2	Farsi	1	Portuguese	1
African French	1			Albanian	1
African languages	1			Swahili	1
Somali	1			Somali	1
Pakistani/Indian languages **	1			East European languages	1
Asian languages	1	Punjabi	1	Bulgarian	1
		Urdu	1	Romanian	1
Kurdish Surani	1				
Turkish	1				
Croatian	1				
Serbian	1				
European languages	1	European languages	1		
Spanish	1				
Italian	1				
Portuguese	1				
Thai	1				
Japanese	1	Japanese	1		
BSL	1	BSL	1		
Deafblind people	1				

Notes to table * one PSB stated this increase was for the accused

** for witnesses

Strategy or aids used to identify language or dialect

8.127 This was fairly evenly balanced with 47 PSBs (44%) employing a strategy or aids to identify the language or dialect required and 51 PSBs (48%) with no strategy. The remaining 8% of PSBs gave no information.

8.128 The most common aid used by PSBs was a “language identification card” References were made to at least 2 of these, but this method was only used by 7% of PSBs. Half of this number used posters which might be multilingual or not. Around 5% used leaflets or other published material.

8.129 A slightly higher number of PSBs (6%) relied on other people indicating the language or dialect to them. Alternatively the PSBs would contact someone for this information.

8.130 In one case the information was recorded in the client’s personal file.

8.131 The strategies least mentioned were to call the telephone interpreting service or to proceed by a “process of elimination”. A number of PSBs used a combination of several of the strategies described in Table 8.19).

Table 8.19 Strategies or aids to identify language

Strategy or aid	No. of PSBs	Strategy or aid	No. of PSBs
Language identification card	8	Referral & contacts	7
Language Identity Card to staff	1	Advised by school or police	1
Language Identity Card (pub. Leeds)	2	Rely on family or health services	1
Language card (10 languages)	1	Referral by police	1
Language card (provided by telephone interpreting agency)	3	Rely on referring body (will phone them if no information)	1
Language card (42 languages)	1	Rely on family GP	1
Poster	4	Phone lawyer (have card)	1
Multilingual posters in custody area	2	Ask other contact	1
Poster at front counters	1	Personal documentation	1
Poster (from telephone interpreting agency)	1	Telephone interpreting service	2
		Use “at side of road” (police)	1
Publications	5	As last resort	1
Leaflet	2	By a process of elimination	1
Booklets in various languages	1		
Bright Books (48 different languages)	1		
Translated documentation at every access point	1		

8.132 Telephone interpreting clients had language cards and some police forces were also well equipped. Respondents mentioned that many clients had enough command of English to indicate which language they spoke. On some occasions, however, the wrong dialects were chosen. For example, Mandarin was selected instead of Cantonese and a Spanish interpreter provided for a Portuguese client. There was one example in mental health where the PSB did not know which dialect was correct so found an interpreter who could interpret both.

8.133 Other strategies involved looking at the nationality of the end user which might not always result in a correct outcome. The PSB might ask whoever accompanied the person for information.

8.134 PSBs also mentioned leaflets in various languages for the end user to point at. One of the police forces had information in Braille on cards for people with a visual impairment.

8.135 Identifying the correct form of “transcription” could have an impact on police work when the person in custody might be required to sign a statement. This might occur when 2 different cultural groups used different scripts (writing systems) for the same spoken language.

Race Relations Amendment Act and Disability Discrimination Act Policies

8.136 Only 6% of the total number of PSBs stated that they had no policy. One respondent stated that the question was not applicable and 10% of PSBs gave no information. A further 7% admitted that they “didn’t know” or were “unsure” or “couldn’t remember any guidance”. One respondent with a race equality scheme did not yet have one for disability, but mentioned that ACPOS looked at 6 strands of diversity.

8.137 Another 8% “didn’t know the name” of the policy (7 respondents) or were only familiar with the part relating to staff and not to patients or the general public.

8.138 Less than a fifth of PSBs (19%) reported only that they had a policy in place relating to the Race Relations Amendment Act (RRAA) and the Disability Discrimination Act (DDA) without providing further details. Another two reported that the policy was under review or that the protocol was being written.

8.139 The remainder of PSBs described race-related policy or disability policy or a combination of the two in a diversity policy. See Table 8.20. One group of respondents referred to the policy of an establishment without necessarily clarifying whether this related to race, disability or diversity. For example:

- Scottish Court Service policy (2 references)
- Scottish Prison Service race relations policy (1 reference)
- Corporate policy (1 reference)
- Council’s policy (9 references, 8% of PSBs)
- Joint policy on health (1 reference)
- Board policy (no team policy) (1 reference)
- Hospital policy (1 reference)
- Policy Statement (1 reference)

8.140 One PSB mentioned a “team talk” from Whitehall as helping to inform their strategy regarding policy.

Table 8.20 RRAA and DDA-related policies

Policy	No. of PSBs	Policy	No. of PSBs
Race Relations (Policy)	7	Disability Awareness	1
Race Equality Scheme */Policy	12	Disability Policy	2
Multicultural Education Policy	1	Disability Implementation Strategy *	1
RAHMAS (Racial Attack Harassment Multi Agency Response)	1	Folder for staff on disability	1
		Equality of access statement	1
Ethnic Minority Group Incident Reporting System for racial incidents	1	Equal Opportunities **	9
		Equality/Equalities (Policy)	4
Special Needs Policy	1	Equality & Diversity Policy	1
Disadvantaged Adults (learning difficulties)	1	Diversity	1
		Valuing Diversity Policy	1
Disability Statement	1	Inclusive Practices Policy	1

Notes to table Respondents sometimes provided several responses

* one respondent reported that the diversity steering group was working to develop a combined document

** one PSB mentioned

8.141 In connection with the DDA, Asylum Seekers Support Agencies seemed to be unaware that they had duties as regards disability: asylum seekers might be disabled too. For example, one indicated that the DDA had “very little relevance as the organisation was not involved with those who are disabled”

8.142 There was also a lack of awareness on the part of PSBs that sensory impairment was a disability. They tended to only think of disability as a physically visible symptom. In

addition, PSB tended not to think of the Deaf community as an “ethnic” or “culturally and linguistically” defined minority either, so Deaf people could be in a grey area as regards planning. One PSB (PSB23) had just started a survey about clients’ disabilities which included lower pavements, adapted doors, various colours, added ramps and disabled toilet, but neglected “communication access”.

8.143 Although many PSBs were eager to say that there was no impact from the DDA or RRAA since they already had measures in place, their understanding of disability often only covered physical access. It did not cover access to services such as being made aware of the possibility of organising an interpreter and so on. (PSB2, 3). Paradoxically, the PSBs most dissatisfied with their awareness level were the ones most aware of DDA and RRAA issues (PSB1).

8.144 The question about access for Deaf people in the study should have been phrased more precisely, since the DDA was only understood as physical access to buildings.

General public made aware of the possibility of TICS provision

8.145 A majority of PSBs (54%) reported that the public were made aware of the possibility of TICS provision. See Table 8.21. Two positive responses suggested some doubt about the answer. Similarly, one negative response suggested some justification. These respondents could have admitted as 2 PSBs did: “unsure”, “don’t know” or “want to say yes, but probably no”. Two further PSBs specified that the possibility of TICS provision was not widely known, or awareness was incomplete.

Table 8.21 Public awareness of the possibility of TICS provision

Public awareness	No. of responses
Yes	58
No	38
Incomplete	2
Unsure	2
N/A	1
No information	5

8.146 Overall, much remained to be done to make clients, patients and other end-users aware of TICS services.

8.147 For example, prisons were not very proactive, but depended on reception staff, “if deemed necessary”, to mention that an interpreter would be brought in.

8.148 Frequently, there were loop system signs, but no provision for BSL interpreting. This resulted in an over-reliance on family and friends.

8.149 Signs posted for blind people were only accessible if the person was accompanied by a sighted carer.

8.150 Sometimes there were posters on walls for the information of spoken language speakers, but these were in English. This was usually the case when telephone interpreting was provided; otherwise the broadcasting of information depended on councils or PSBs. One council, for example, had a card in English which was in shown in GPs' surgeries.

8.151 One PSB (PSB4) suggested that its newsletter should be used to raise the awareness of the whole organisation.

Constraints

Fulfilling requests for TICS services

8.152 Of the 45% of PSBs who claimed that they always managed to fulfil requests for TICS services (see Table 8.22), a few qualified these claims. One stated that "all those that are requested" were met and another, that all those "during office hours" were fulfilled. Both statements suggested unsatisfied TICS needs, either because they had not been expressed or because they occurred outside office hours.

8.153 Another PSB admitted that TICS services would always be provided "one way or another", while one admitted that in the "majority of cases TICS services were provided by the family". One stated that TICS services must be provided for child protection cases.

8.154 One PSB, indicating "most of the time", gave the high figure of 98% of cases successfully fulfilled.

Table 8.22 Successfully fulfilling requests for TICS services

Fulfilling TICS service requests	Number of responses
Always	49
Almost always	2
90%	22
80%	3
70%	1
Half	2
None	9
Unsure/no figures	6
No information	7
N/A	7

Reasons TICS requests were not fulfilled

8.155 Almost one fifth of PSBs (18%) considered that the question asking about the reasons why TICS requests could not be fulfilled did not apply to them, perhaps because they had experienced no difficulties or had carried out little work. This was the case for 2 PSBs who had received no requests. A further 12% had no reasons to report as to why TICS requests might or might not be unfulfilled and the same number gave no information.

8.156 The remaining half of the PSBs reported a variety of reasons for not meeting TICS requests. See Table 8.23. The details given are grouped under a number of headings which, in decreasing order of citation, are:

- short-notice/time scale (28 mentions)
- availability of interpreters (25 mentions)
- language/dialect (25 mentions)
- geographical constraints (16 mentions)
- special requests (14 mentions)
- type of service (3 mentions)
- lack of awareness from PSB (5 mentions)
- cost (7 mentions)
- confidentiality (2 mentions)

8.157 The shortage of BSL interpreters was mentioned on a number of occasions. This covered not just the shortage of interpreters in unusual dialects, but also in long-established languages in the UK (e.g. Cantonese) and majority European languages such as French.

8.158 The lack of interpreters in the languages required, or the lack of suitable interpreters, fed into time-scale problems, geographical constraints and all the other issues.

8.159 There were also issues around the failure to flag up the need for TICS support at the appropriate point in the process.

Table 8.23 Reasons for unmet TICS requests

Main issue	No. of responses	Details
Language	25	<p>Provide summaries if cannot all be translated</p> <p>No leaflet translated into Japanese and Shona (African language)</p> <p>Serbian/Bosnian</p> <p>Kurdish & languages from former Yugoslavia</p> <p>Kurdish dialect (never specific requirement)</p> <p>Dialect: Kurdish Surani</p> <p>Surani & Polish</p> <p>Japanese was struggle (2) – can cope with families (1)</p> <p>Dialect: Igbo</p> <p>Interpreter must be able to read script (e.g. Jatki related to Punjabi)</p> <p>Rare languages e.g. Cantonese, Farsi</p> <p>BSL (4)</p> <p>Romanian (used friend over phone)</p> <p>Punjabi, Urdu, Mongolian</p> <p>Smaller tribal languages e.g. Banjuni (Somalia)</p> <p>European languages</p> <p>Problem with more common languages: Chinese, German, Portuguese, French</p> <p>Not know dialect - (doctor was not able to determine)</p> <p>Unsure which language (Chinese, Indian, eastern European, African)</p> <p>Tobagan (rugby player)</p> <p>Uruba (African), Gurumuki (Punjabi dialect)</p> <p>Languages not available at all</p>
Availability of interpreter	25	<p>Only 2 Lithuanian interpreters</p> <p>Only 1 Surani interpreter</p> <p>Lack of BSL interpreters</p> <p>Few qualified BSL interpreters in health setting</p> <p>Lack of (qualified) interpreters (2)</p> <p>Demand outstrips supply (e.g. Russian)</p> <p>In-house translators on holiday (still accessed contractors in timeframe)</p> <p>Time of year (e.g. Christmas)</p> <p>Staff illness</p> <p>Especially for long trials</p> <p>Matching not possible (1)/difficult (1)</p> <p>Difficult for court if interpreter in rare language already used by police</p> <p>If late at night, book interpreter for following morning*</p> <p>Late at night</p> <p>Specific day not possible</p> <p>Demand on agency</p> <p>Often have to rearrange meeting</p> <p>No interpreter so must postpone (max 5 days)</p> <p>Interpreter already booked (2)</p> <p>If no interpreter available used family and friends</p>
Geographical constraints	16	<p>If end-user in custody</p> <p>Depending on public transport</p> <p>If interpreter needed transport & accommodation</p> <p>Lochgilphead, near Oban (many foreign fishermen)</p> <p>Interpreter must travel long distances</p> <p>TICS in Dundee not Perth</p> <p>As fee higher</p>

(Table 8.23 cont.)

Short notice/timescale	28	In emergency (3) specifically BSL (1) Because police forgot to book interpreter 1 day's notice impossible for BSL and Gaelic interpreters BSL not possible (1) Re-book if cannot get interpreter at short notice * Cannot get an interpreter within 2 hours East European languages take time (accessed through university) – not enough notice on same day so book later* Need 2 days Short notice (no notice from GP) Longer to arrange face to face interpreting In combination with specific requests Difficult to get someone within 2-3 weeks
Specific requests	14	Gender (5) – male interpreter inappropriate for female patient/male interpreter when female officer required/1 interpreter only meant difficulty for gender matching/gender mismatch Matching of interpreter (2) Religion/caste mismatch Difficult to match gender (female) for some languages (e.g. Swahili) Specific interpreter (2)/Specific interpreter verbally booked Deafblind Sikh
Type of service	3	Advocacy (but did not provide this service) Deaf baby born to Latvian mother – no access to information materials in language other than English Support for patient (on 2½ hour placement)
Confidentiality	2	Use of court interpreter by defence could mean conflict of interest Cannot use interpreter due to painful/distressing situation
Cost	7	Have to pay unused interpreter if case is adjourned Use of court interpreter by defence agent could be pay issue Expenses Costs when interpreter “flies in and out” briefly BSL Ran out of money Expensive
Lack of awareness from PSB	5	Need for interpreter had not been clarified Need for interpreter not always mentioned at referral stage * Notice – employer refused to wait Defence solicitor may want to use interpreter – should have own interpreter to speak to client Interpreter late due to delays in another court
Other	11	Lack of awareness of end-user (students not advising on application form) Case postponed because interpreter was late Transport Qualifications/training Need for interpreter not always mentioned at referral * Length of assignment Out of office hours TICS service very busy Only 1 request, then decided not to get interpreter If difficult would rearrange interview If no interpreter use family/friends

Notes to table * re-arrange meeting

Budgetary constraints

8.160 Almost two-thirds of PSBs (60%) stated that there were no budget constraints on TICS provision. One PSB explained that as there was now a race relations budget, the impact of TICS on that budget was negligible. Another two reported there was no set budget, but as “there was not a huge demand” for TICS or because requests were “rare”, there were no problems. One PSB stated there was no limit for interpreting, but that there might be for translation work. Another PSB stated there was no ceiling for interpreting, but they “disagreed with the retainer fee”.

8.161 Only around a fifth of PSBs (19%) admitted there were constraints. Although one PSB said “there are always constraints”, the same PSB reported that if interpreting were needed it would be provided. This was supported by another PSB which stated that, although there was a limited budget, at the time of the interview they had never been prevented from spending even though services were “dear”. One PSB indicated that they “booked early to get a cheaper hourly rate”. Another PSB anticipated there would be problems, if there was a higher demand for services and this was reiterated by the PSB who indicated “probably, yes” if there were constraints for the same reason.

8.162 In a number of cases, PSBs simply reported that there was no allocated or identified budget. Four PSBs gave precise figures:

- £500 for each establishment, but interpreters must be provided even if “bust”
- £20,000 per year for interpreting and costs were always the last consideration unless a minor issue
- £25,000 to a council ITS for support during office hours
- £45,000

8.163 For one PSB, this issue was not applicable as it was voluntary by nature.

8.164 Another reason given for no budget constraints was that there was not much use made of TICS services. TICS services were also described as being expensive, but the budget could cope since demand was low. It was predicted that there could be problems, if demand increased or if the size of the non-English speaking population grew.

8.165 Some respondents mistakenly believed that access to TICS is “free” at grassroots or frontline levels as a result of SLAs (service level agreements) between the PSB and the council TICS provider.

Contingency measures to overcome budgetary constraints

8.166 A large proportion of PSBs (44%) considered this issue was not applicable to them. A further 38% provided no information.

8.167 Of those who provided a response, a small number of PSBs (5%) stated that there were no contingency measures created to overcome budget constraints on TICS provision. The remainder (14%) provided a range of responses.

In-house staff

8.168 One PSB indicated that many TICS services were provided by in-house staff and another indicated that they sought the cheapest solution first, by using in-house staff. A third explained that they had used classroom assistants to write notes for parents, but were not happy with this as these people were not paid TICS rates. The line manager was approached and found money in the budget.

Contract with a TICS provider

8.169 Three PSBs referred to the same provider, a council ITS. One indicated that the contract with this provider helped “relieve the burden”. Another said they got better value and it encouraged cost savings. The third stated they would go through the council ITS to keep costs down and would have to prove the status of any claim they wished to source through another provider to justify this.

Additional funding

8.170 The measures the other PSBs adopted had to be to “find money somewhere else”. There might be a relatively established route through which the PSB “could apply for funding”, such as from the “international budget” or through bidding for “additional funding for priority groups”. The last comment suggested that there might be no additional funding for non-priority groups. A PSB might raise this issue with policy makers and apply for the level of funding to be raised.

8.171 Other sources of funding might include:

- Glasgow Asylum Seeker support
- speaking to the budget manager if over budget at the end of the year so that another budget could be used (so far this has never been declined)
- involving the Crown Office
- saving some money to the end of the financial year and, failing this, attempting to source funding elsewhere

Difficulties in providing TICS services

8.172 Budget constraints were occasionally mentioned but rarely given emphasis. Instead, the main barriers to using “formal” professionals, as opposed to in-house staff or family, were:

- the lack of information about existing providers across everyone interviewed
- “misconceptions”, as described by one of the respondents from the health sector (Acute Hospital and Children’s Hospital), regarding prices
- lack of awareness of interpreting issues (inappropriate nature of using children, other family members, or people from the community)
- the misplaced belief/misconception that any person fluent in 2 languages would be able to interpret successfully and professionally – even “safely”

8.173 Other constraints included the time-frame for requests. In other words, emergency services needed someone within 1-2 hours but could use telephone interpreting services or cards containing the most used statements and questions to respond to this kind of emergency. An in-house interpreter could be hired to handle recurrent language needs.

8.174 The possibilities of new technology were rarely addressed. The idea of using video-interpreting was very rarely explored or the PSB had “given up” due to lack of expertise even when the hardware was in place. Machine translation was never mentioned as a potential cost-effective, quick means of giving some access to a written text (at least in gist form).

Summary

8.175 Telephone interviews were conducted with 108 public sector bodies, distributed among 10 different areas of public service. The interviews surveyed methods of service provision, the number and range of requests for TICS services and possible constraints in fulfilling these. Chapter Eight summarises the main findings from the large amount of detailed data collected.

CHAPTER NINE RESEARCH FINDINGS – PHASE TWO: STAGE TWO (PSB)

Overview

9.1 Chapter Nine describes and discusses the results of the fourth stage of the research. This looked at the practice of TICS provision within public sector bodies in Scotland in greater depth. Detailed information was collected from public sector bodies in face to face interviews.

Background

9.2 It proved to be extremely lengthy and time-consuming to set up interviews with informants at policy level. The final respondents were very co-operative. However, in the process of reaching that stage, researchers felt as “if they were being bounced from pillar to post and back again” and encountered a significant amount of what seemed to be “buck passing”. This may or may not be indicative of the level of preparation and knowledge within PSBs with respect to TICS.

Profile of respondents

9.3 A total of 17 organisations contributed to this stage of the study which took place between October and December 2004. Table 9.1 shows the range of organisation types included.

9.4 Respondents held senior posts within their organisation. They were employed as managers or advisors in key areas and could give authoritative responses. Annex 10 gives the complete list of positions.

9.5 It should be noted that these respondents were not representative of public services as a whole, but were to a degree “self-selected” as only respondents who were willing to take part in the study were interviewed.

Type of organisation

9.6 The organisations contributing to the study (Table 9.1) represented the sectors where the use of or need for TICS provision had been identified. The distribution within different sectors shifted slightly from what was planned (Chapter 4) and was primarily determined by where agreement could be reached for an interview to take place.

Table 9.1 Type of organisation

Public Service Area	No. of respondents	More specific category	No. of respondents
Health Sector (H) ¹⁹	6	Health Board	4
		Primary Care (Mental Health Directorate)	1
		Policy development and strategic planning	1
Legal Sector (Justice) (J)	4	ACPOS	1
		Scottish Court Service	1
		Crown Office Procurator Fiscal Service	1
		Scottish Prison Service	1
Education Sector (E)	3	Council Education Department	2
		Support Service	1
Council Services (C)	1	Community Care	1
Social Work (SW)	1	Physical Disability & Sensory Impairment	1
Housing (Hg)	1	Homelessness Unit	1
Immigration (Im)	1	Support Service	1

Geographic area covered

9.7 Interviews were conducted with respondents across Scotland in 6 different areas plus a number whose remit covered the whole of Scotland (although usually based in Edinburgh) or several regions. As it was important, even in a small-scale, case study-based project, to collect a range of views, at least 2 respondents were identified in each area. See Table 9.2.

Table 9.2 Geographic area

Region code ²⁰	General geographic area	No. of respondents
1	Glasgow	3
2	Lanarkshire	2
4	Grampian	2
5	Highlands	2
8	Fife	2
10	Tayside	2
11	Scotland-wide*	4

Notes to table * one respondent speaking for the organisation covered Tayside/Central/Fife rather than the whole of Scotland.

Services provided

9.8 The aim of this stage of the study was to explore TICS at the level within organisations where policy was determined. Researchers targeted the highest level possible within organisations or the sectors within a geographic area if appropriate. See Table 9.3.

¹⁹ These abbreviations may be used to indicate a particular public service area where most useful and if client confidentiality is still protected.

²⁰ A range of Region Code Numbers were used by the research team. See Annex 8. This may be indicated (by R1 etc.) within the analysis where useful and when client confidentiality is still protected.

Table 9.3 Scope of the service cover

Range of responsibility	No. of respondents	Limits on responsibility *	No. of respondents
Whole of Scotland	3	Only BSL	1
Several "regions"	1	Only spoken languages	1
Whole council	6	Only bilingual children	1
Part of a council	1		
Whole Health Authority	3		
Whole Health Board	3		

Notes to table * This information was not systematically collected, but was offered by a few respondents.

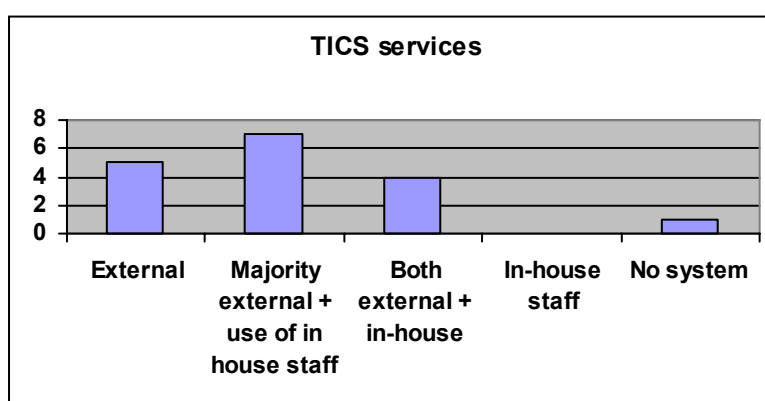
Service Providers

Providers

9.9 The majority of PSBs used external providers to supply TICS to clients, although less than a third stated that this was their only strategy. Most (65%) used a mix of both external and in-house staff. No PSB relied entirely on in-house staff. See Figure 9.1.

9.10 One PSB (R5) had no established system.

Figure 9.1 Approach used to provide TICS services to clients



Particular TICS provider

9.11 Most PSBs who needed to provide a TICS service in a spoken language turned to a Council ITS (59%) and the same proportion used a telephone interpreting service. This may have been as supplementary support although the question was not asked at this point.

9.12 Three organisations with Scotland-wide relevance (J) had no Scotland-wide strategy, but instead "devolved" action to local level. The same lack of co-ordination existed within regions between different PSBs. Although there was a list of TICS providers in the Highlands, it emerged in interview that the education department had no knowledge of this list, although the council and the police in that area were familiar with it. The education department did exploit another network (EAL) to source provision by making contacts through EAL teachers.

9.13 Although a substantial majority of PSBs (71%) had arrangements in place for the provision of TICS for Deaf people, over a quarter had no such strategy. Three respondents had no information available for Deaf people. One was located in the Highlands, one provided support to asylum seekers, primarily requiring spoken language support, and the third was the Scottish Prison Service.

9.14 Overall, very few PSBs had arrangements for provision for Deafblind people already in place. Five only (29%) had a strategy, although another was seeking to address the issue and a meeting with a charity to set up provision was due to take place shortly after interview.

9.15 Three respondents clearly stated there was no provision in place for Deafblind people. One of these one provided support to asylum seekers, primarily requiring spoken language support, and the others were the Scottish Court Service and the Crown Office Procurator Fiscal Service.

9.16 Table 9.4 gives the detail of responses for SL, BSL and CS provision.

Table 9.4 TICS providers contacted by PSB

TICS provider	No. of respondents	More specific description	No. of respondents
SL provision			
Council ITS	10		
Telephone Interpreting Service	10	Language Line (LL)	5
		National Interpreting Service (NIS)	3
Variety of providers depending on institution/district involved – no list of providers held	2 (J)		
List of providers used for reference.	3	Variety of providers depending on the district – Crown Office list of providers used for reference	2
		List of freelance providers	1 (R5, H)
EITI for translation	1 (R11)		
No remit for spoken languages	1		
BSL provision			
Provision is made for Deaf clients	12	Local Deaf Society	3
		Local Social Work	2
		Glasgow Sign Language Interpreting Service	4
		SASLI list	3
		Deaf Connections (Glasgow)	2
		RNID	2
		Deaf Action (Edin & Highlands)	1 (R5)
		Just Sign	1
No information for Deaf people	3		
CS provision			
Provision is made for Deafblind clients	4	Deafblind Scotland	3
		Sense	2
Contact Deaf Society	1 (R4)		
Meeting charity re. setting up	1 (R10)		
No provision	3		
Issue not addressed	6	Have not been asked for the service	2
		No information available or no remit	3
		Awaiting information	1
Other (non TICS specific)			
Each force/district/institution to decide	3 (R11, J)		
Contact local college	1		
Use EAL network and a charity	1 (R5, E)		
No knowledge of the list of freelance providers existing in the area	1 (R5, E)		

Notes to table Respondents could give several responses e.g. council ITS and telephone interpreting in many cases.

Reasons for using particular provider

9.17 Telephone interpreting service providers were used for a number of reasons. The main one was the breadth of service available. They could provide:

- a variety of languages and qualifications available through a single organisation. This was considered crucial in areas where numerous languages were required (H, J)
- immediate access to TICS support (Hg)
- cover available 24 hours a day/7 days a week (H)

9.18 Council ITS were used because they were part of the council and received a budget or funding from the PSBs (4 responses: H, E, C, Im).

9.19 Funding was, of course, an issue and financial reasons underpinned the choices of 3 PSBs (H, SW, C).

9.20 Service level agreements with TICS providers informed the choices of 2 PSBs (C, E) although one of the agreements was changing (E). A third service level agreement (H) was founded on an historic relationship.

9.21 There was no Council ITS support for some PSBs, with the result that one PSB relied on freelance interpreters who offered their services (H).

9.22 Other PSBs sourced TICS informally through other networks such as through contacts with EAL teachers (E) or by reference to more formalised lists of providers such as the Crown Office List of interpreting services (J). The reason given for the latter was “because there was no register”.

9.23 One PSB (H) said it used the TICS provider it did simply because they were “local”, namely, council ITS for spoken languages and local social work for BSL.

9.24 In contrast, one respondent (C) was quite clear that Deafblind Scotland was used as provider because they were the national specialist service.

Use of freelance interpreters

9.25 Around a third (35%) of respondents stated that they also called upon freelance interpreters or translators to provide a service, compared to just over half (53%) who said they did not. Although one respondent (SW) said they did not use freelance interpreters, they sourced TICS by means of the SASLI list of registered members, a number of whom work freelance.

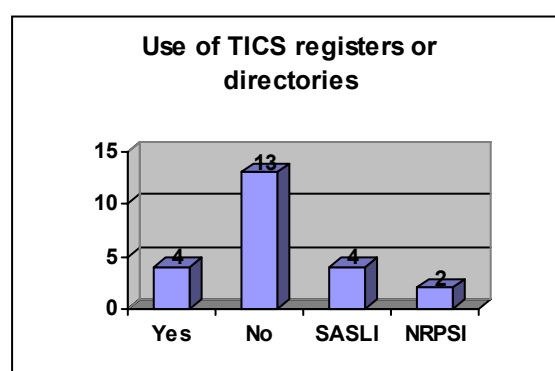
9.26 Two respondents (J) stated that although they used freelance service providers, the majority were sourced through agencies. Another respondent (H) indicated that they only turned to freelance support if the job was too large or too specialised for the council ITS.

TICS registers or directories

9.27 The majority of PSBs (76%) did not use any TICS register or directory, although 2 respondents (J) used both types of registers mentioned by PSBs. See Figure 9.2.

9.28 These were the register of members and trainee members of the Scottish Association of Sign Language Interpreters (SASLI) and the register of the National Register of Public Service Interpreters (NRPSI). It was mentioned, however, that there was a problem with the NRPSI as most of the interpreters listed were based in England and so the register was not “adapted to emergency situations” in Scotland.

Figure 9.2 Use of TICS registers or directories



Payment for TICS

9.29 In almost every case (16 out of 17 responses i.e. 94%), it was reported that the PSBs paid for TICS.

9.30 Only one respondent (H, R5) said that payment was “piecemeal”. More specifically, this respondent reported that there was a move towards the PSB paying, but at the time of the study (November 2004) some interpreters were volunteers and some clients were bringing their own interpreters.

9.31 Another respondent (H) pointed out that payment could be an issue if the TICS booking had been initiated by the client, but another PSB in the same sector reported that they would pay for an interpreter brought in by a family. With reference to the health sector, another respondent (SW) stated that attempts were being made to get the NHS to take up its responsibility for providing TICS.

9.32 In education, one respondent made it clear that there was “free access”.

9.33 In justice, it seemed that there were some cases where the accused was required to pay for translation.

9.34 No information was collected regarding the exact agency or section within a PSB which was responsible for paying the TICS costs.

Style of TICS preferred

Face to face interpreting

9.35 Overall, PSBs preferred face to face interpreting. At least 71% of respondents stated that this option was generally preferred, with certain exceptions, which are listed below. It was unconditionally preferred by 29% of the same respondents. Another two PSBs (J and H) expressed a preference for face to face interpreting in certain medical settings such as oncology or gynaecology or for other sensitive situations.

9.36 One respondent (E) explained that they preferred face to face interpreting because there was “more to communication than just language”.

9.37 Another respondent with a similar preference reported that if a BSL user made a query at the counter, they would be asked to return later for an appointment and an interpreter would be provided (J).

Telephone interpreting

9.38 Telephone interpreting was cited as a preferred option by 53% of respondents, but only in specific situations, such as:

- at reception desk or for people dropping in as it is quicker and easier (C)
- for initial contact to set up an interview (E)
- for initial or first contact or when there is an immediate need (J)
- at the front desk and for general enquiries (2 responses, J)
- to identify the language required and the problem (J)
- if the Council ITS cannot provide the language required or if the language has not yet been identified (Im)
- in A&E until an interpreter arrived to do face to face interpreting (H)
- for non-serious situations and preliminaries and/or until a face to face interpreter arrives (H)
- to help fill gaps in provision in rural areas - although this respondent specified that it must not be used for planned appointments or in patient care (H)
- for non-sensitive situations and out of office hours requests (H)
- for an initial meeting, but might use face to face later especially if there was a need to go to a new home to deliver keys (Hg)

Face to face and telephone interpreting

9.39 In line with a number of comments, two respondents emphasised that the need for both telephone and face to face interpreting should be directed by the needs of a situation, balancing the immediate nature of need to the need for sensitivity (J). In other words, telephone interpreting might be selected because of geographic constraints or in emergency situations and face to face interpreting for long term treatment (H).

Translation versus oral versions

9.40 Only 4 respondents mentioned translation (24%) and they generally agreed that an oral version was preferable.

9.41 One respondent (H) considered that it was preferable to give information orally using interpreters since most communities were oral communities. The PSB who expressed this view had never received a request for written information. The issue of literacy had also to be taken into account (2 responses, H, E) and it was suggested that perhaps the solution would be to publish the information, but in an audio format rather than in a written form. Alternatively, interpreters might be used within the community to pass on information and give parents the opportunity to ask questions.

9.42 A similar view was that if a document was a “one off”, the interpreter would go through the document²¹ and parents could ask questions; the document would only be translated if it could be used by all schools (E). Another respondent (E), though preferring oral versions, used translation for statutory or legally binding documents.

Video-conferencing

9.43 Five respondents commented on video-conferencing with one suggesting that telephone and video-conferencing might be the solution for the future (J).

9.44 Other comments were less positive. One respondent with a video-conferencing facility reported that it was not used often (J). In some cases, the issue lay within the PSB. For example, one respondent had piloted video-conferencing, but the Primary Care section was opposed to it (H). In some cases, the client or end-user did not favour this type of support. One user reported that video lost fluency of evidence and that the accused or witness preferred the interpreter next to them (J). Another respondent (SW), who had also piloted video-conferencing, blamed “technophobia” for the lack of enthusiasm in adopting it. The respondent used face to face for intimate, personal situations, but used a video link to provide TICS support for community-based “Question and Answer” sessions in offices, libraries and leisure centres.

In-house TICS provision

9.45 Initially, 65% of PSBs had said they used in-house staff to provide TICS to some extent. At a later stage in the interview, however, 82% of PSBs responded that in-house staff providing TICS were not specifically employed to provide these services.

9.46 This might indicate a higher level of use of in-house staff providing informal and *ad hoc* support than was often declared.

²¹ Sight translation

Circumstances of in-house TICS provision

9.47 Respondents provided more information about in-house TICS provision. It was clear that almost half of the respondents (47%) rarely used in-house staff. Frequency of use was less clear for 42% of respondents.

9.48 For the first group, in-house TICS provision was an *ad hoc* solution (2 responses E and J) or used in an emergency (Hg). TICS were sourced in-house only to identify someone's need, but not for interview (J); used at the counter and provided in Gaelic or by other native speakers of a language with no qualifications or training (J). Bilingual teachers or assistants were used to facilitate informal communication only, and a professional interpreter was required in all other instances (E).

9.49 One PSB sourcing TICS in-house for emergencies (Hg) had native speakers of Cantonese and Polish in its finance and strategic planning departments. Another PSB using in-house staff as a stopgap in emergency situations (H) relied on bilingual staff who had a good command of health terminology (senior nurses, registrars and managers). A third had bilingual "homelink" staff to create a link between home and school for bilingual pupils to ease communication. The use of these people as interpreters was discouraged except in emergency situations, such as parents arriving at the school with no prior notice. Although these same staff carried out home visits, they conducted interviews in their mother tongue and did not act as interpreters (E). In these 3 examples the "professional" skills of staff were increasingly combined with language skills to respond to a particular need.

9.50 For the second group, where there was less clarity about the frequency of use of in-house staff TICS provision, staff were used in a variety of circumstances. Consultants, nurses or any staff at all from black or minority ethnic backgrounds and Gaelic-speakers were used when languages were not listed by freelance providers (H). In another case, project officers were used when there was an urgency or as the easy solution. Language skills were a criterion for recruitment (Im).

9.51 The issue often arose in health and was mentioned by each of the 6 respondents in the health sector. One PSB reported that if staff had volunteered and their shift permitted, they would be used at short notice in an emergency. They could be needed to interpret for foreign nationals where there had been no mention of this need in the referral letter.

9.52 A respondent suggested that in-house staff formed a third level of interpreting provision, following professionals providing face to face interpreting and telephone interpreting.

9.53 In another example, medical staff from abroad who had offered their services could provide TICS if it was convenient, when the need was urgent and especially outside office hours. The same PSB reported that receptionists and nursing staff who had completed Level 1²² training in BSL would be expected to interpret.

9.54 A PSB (H) reported that medical staff provided TICS in both A&E and planned situations when no interpreter had been booked. This was another indication that the system for flagging interpreter need was not good.

²² A very basic level of language competency

9.55 In another case (H), a list of staff used to provide TICS was referred to if the bilingual staff were nearby. This happened only occasionally, not as a rule.

9.56 Use of in-house staff to provide TICS was not solely the preserve of the health sector. A PSB in the field of justice reported that a list of staff (who might not all be bilingual) was to be drawn up by each establishment as part of the Race Relations Policy. Some staff had expressed concern about their level of fluency in the second language. Staff were also being trained in BSL. If staff were available and happy to provide TICS, they were used for emergencies, in informal and social situations and for day to day contact. They were not used to provide support in medical, psychiatric and legal situations.

Qualifications

9.57 Of the 15 respondents who expressed concern about the use of in-house TICS, the majority (87%) stated that no qualifications in languages or TICS were held by the staff. Only 2 members of staff were on the Council ITS list of interpreters (E, C).

Specific training

9.58 Of these same 15 respondents, 87% did not provide any specific training to TICS staff. Only one member of staff had received training (E).

Guidance and training for staff regarding TICS

9.59 In 65% of PSBs there was guidance available to staff that indicated which TICS providers to contact and how to work with translators and interpreters. See Table 9.5.

9.60 Staff training was provided by 35% of PSBs on methods of working with translators and interpreters.

9.61 Both guidance and training were offered by 24% of PSBs.

9.62 No guidance or training was provided by an equivalent number of PSBs (24%).

Table 9.5 Guidance and training

Guidance and training	No. of responses
Guidance	11
Training	6
Both guidance and training	4
Neither	4

TICS provided by family, friends or members of the community

9.63 A significant number of PSBs used family members, friends or members of the community to provide TICS services. The proportion amounted to almost three quarters (74%) of all PSBs, although 29% of these PSBs reported that this was only used as a strategy in a minority of cases. See Table 9.6.

Table 9.6 TICS provided by family, friends or members of the community

Family, friends and community members	Percentage of responses
No	29%
Yes	74%
Yes, but only in a minority of cases	29%

9.64 Of the PSBs who did not adopt such a solution, 2 were in the education sector, 2 in justice and one in social work.

9.65 The use of family, friends and members of the community to provide TICS services tended to fall into one of two categories. It was either a solution imposed as a last resort or it was desired or initiated by the client end-user. One PSB stated that it was not primary policy but used if there was urgency or the patient had chosen it (H).

9.66 As a last resort, it might be used at the information counter or for languages for which there were no interpreters (J). An example of one particular case was described when the wife of a Deaf person who was a non-BSL user without any English was used to “get things moving” (J).

9.67 One PSB (H) described using family, friends and community members as the fourth level of interpreting following the more preferred options of professional face to face interpreter, telephone interpreting and staff. It was normally discouraged, but was used in emergency situations where there was a communication need and telephone interpreting was not an option.

9.68 Two PSBs indicated that they had proactively sought TICS from members of the community. One had appealed for specific language speakers on the radio (H). Another called on people such as multicultural advisors in emergency situations, but avoided relatives, stating that this was not good practice as they were not vetted (J).

9.69 Family were often mentioned as providing TICS. One PSB commented that the use of family was not encouraged and telephone interpreting was offered, but it was not possible to “force an interpreter on anyone” if, as in the example cited, a woman wanted her husband to interpret (H).

9.70 Some people insisted on a relative interpreting (H) and in many cases it was “historical” for clients to bring people with them (H). Members of the Indian community encouraged a family member to be used as interpreter (H). The Chinese community might bring someone along (Hg). Generally it was the patient’s choice (H). PSBs avoided excluding family as they wanted to build up a relationship with the patient and their family, so they would use people who came with a patient to provide TICS if that was the patient’s wish (H). Family members might also be called upon to help with communication if someone was being visited at home (Im).

9.71 One provider stated that, although a family might bring someone in, an interpreter was still provided by the PSB (E). A similar statement - that “there was always an interpreter anyway” - was made by another PSB (Im) reinforcing this approach.

9.72 This shows an awareness of TICS also being required to enable the PSB service provider to do their job effectively.

Circumstances when “informal” TICS should not be used

9.73 There was virtual consensus among the PSBs that family, friends and community members should not provide TICS services (sometimes referred to as “informal” TICS) (16 out of 17 respondents - 94%). Four respondents (24%) emphasised that this view should always be applied, in all circumstances (E, SW, 2 responses J).

9.74 One PSB commented, however, that although staff were advised to avoid using “informal” TICS, it could be difficult to avoid as there was no service in place (H).

9.75 The main concerns cited by PSBs related to the use of children as TICS providers and issues of confidentiality.

9.76 Reasons and details of the types of circumstances when informal TICS should be avoided are outlined in Table 9.7.

Table 9.7 Circumstances when “informal” TICS should not be used

Concern	Explanation	No of respondents
Children	must not be used – both for cultural reasons and because it is abusive	4
Confidentiality	must be a consideration – especially in small communities	4
Competence	- using untrained interpreters was strongly discouraged - only want to use accredited interpreters - “informal” TICS are not vetted or qualified	3
Privacy	especially when personal matters and intimate situations are involved	2
Rights of the individual	PSB must be careful of these (C) – someone may be at risk of or suffering from domestic violence (Hg)	2
Client’s wishes	a client may not wish to use family or friends (E) – this may cause them distress (H)	2
Advocacy	this is undesirable (but may arise with “informal” TICS)	1
Long term in-patient		1

Level of training or experience

9.77 Almost a half of PSBs were uncertain about the level of qualification or experience TICS providers should have. Around 35% stated that they did not know what the level should be, while another respondent considered “proficiency, but no qualification” sufficed and another that providers must be “fluent”.

9.78 One PSB (H), demonstrating a fair level of awareness, raised a question concerning qualifications. Should only TICS providers who held the DPSI (or equivalent) be employed or were people with no formal qualifications, but who had undergone tests, acceptable?

9.79 The reasons given for the uncertainty included reliance on external knowledge. Three respondents (C, H, Hg) understood that the TICS providers dealt with this matter, presumably the agencies rather than the actual linguists. It also might depend on knowledge internal to the PSB (i.e. “the procurement department would know”) (J).

9.80 Another reason given was that there was “no systematised procedure, but as qualifications and training are required to be a teacher, this was also assumed for all professions” (E). Rejecting people was not considered possible, if, for example, they had lived “here” for a long time and because there were geographic constraints (R5).

Minimum level of qualification or training

9.81 Almost two-thirds of respondents specified the minimum level of qualification or training a TICS provider should have (65%). A common, though not unanimous theme, was that providers should have training or a qualification specifically in interpreting, not just in languages. See Table 9.8. This was in stark contrast with the PSB who considered BSL Level 1 (a very basic level of language competence) to be an acceptable minimum level for TICS provision.

Table 9.8 Qualification or training

Level of qualification or training	No of respondents	Supplementary information
SASLI registered	2	
BSL Level 1 (H)	1	
DPSI	6	- 2 in Scots Law specifically - 2 in medical work - 1 mentioned “Stevenson College interpreter training course” which leads to the DPSI
Formal training	7	- university education + diploma in languages - recognised qualification in languages + training in public services - interpreting qualification, not just required level of language - support worker certificate - professional qualification - trained to high standards
Recognition of competence	2	- proven track record - ratification by agency

Notes to table Some respondents provided several responses (e.g. regarding BSL and spoken languages).

Minimum level of experience

9.82 Almost three-quarters of respondents (71%), specified the minimum level of experience a TICS provider should have, although many actually commented on knowledge rather than experience. See Table 9.9.

9.83 Generally, TICS providers (most references related to interpreters) were expected to have an awareness of the core requirements of interpreting. For example, it was stressed that confidentiality must be respected and that “what is disclosed during one assignment, must not be linked to other assignments for other PSBs” (Im).

9.84 Around 30% required experience of the particular field (e.g. justice, medical, education) including knowledge of these systems specific to Scotland.

Table 9.9 Experience

Level of experience	No of respondents	Supplementary information
No minimum experience (SW, H)	2	- comment limited to non-sensitive situations - since many are new interpreters (although this was qualified by a wish for medical experience through in-house training)
“Experience” or agency ratification (J)	1	
Basic requirements of interpreting	7	- role of interpreter (i.e. “take charge of meeting, but without advocacy or giving own opinion” (1)/no giving of own opinion (1)/no conversation with end-user (1) - confidentiality (2) - accuracy (1)/not adding or omitting anything (1)
Experience of the field	4	- knowledge of police procedures - court experience - basic awareness of Scottish Education system + jargon - medical situations (especially one to one interpreting) (1)/DPSI medical option (1)
Combination of professional skills and knowledge of the field (J)	1	- consecutive and simultaneous interpreting in a court context

Notes to table Some respondents provided several responses (e.g. regarding BSL and spoken languages)

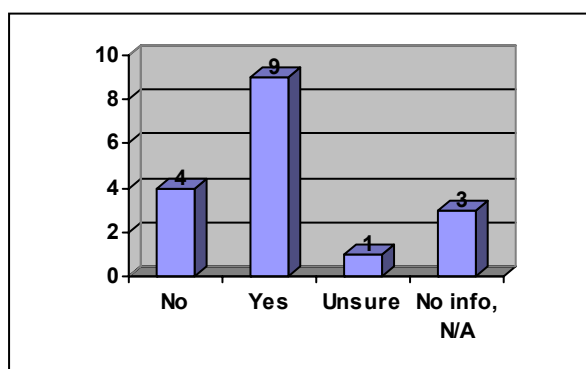
Institutional affiliation

9.85 The majority of PSBs (59%) considered affiliation to a professional interpreting institution to be beneficial. Half of those holding this view gave a clear positive response regarding SASLI (for BSL Providers) and almost a third stated that a professional register would be ideal. A single PSB mentioned that IoL affiliation was a good idea, but not essential.

Use of interpreters below minimum

9.86 Nine PSBs (53% of total respondents) admitted using interpreters who fell below the minimum level of training or experience they had stipulated, and one PSB was unsure about the position. Only 4 (24%) stated clearly they did not use interpreters below their minimum standard (SW, Im, 2 J). See Figure 9.3.

Figure 9.3 Use of interpreters below desirable minimum



Circumstances for using interpreters below minimum

9.87 A number of PSBs (18%) stated that in most cases interpreters were used who fell below their minimum standards of training or experience (E, 2 H). One stated that this occurred for *ad hoc* situations (H).

9.88 In other cases, the use of such interpreters was forced by circumstances or the situation. The availability of interpreters, for example, was a serious issue as “there are only around 40 fully registered interpreters in Scotland”²³ and in some languages, where there were only a few people with the necessary competence, the competent people were themselves asylum seekers (H)²⁴. Where there were problems regarding the availability of interpreters or accessing interpreters, the view was taken that “any interpretation is better than none” (H).

9.89 Emergency situations, especially relating to core business, were the second type of circumstances when PSBs (E, J) might be forced to use interpreters below their minimum standards.

9.90 Another PSB indicated that they accepted interpreters whose level of training or experience fell below their standards in cases involving “mundane conversation” or “psychiatric or medical assessment” (H).

9.91 Some respondents related the issue to the DPSI which was their preferred level of qualification. Providers might:

- hold the DPSI, but not specifically with the Scots Law option (J)
- have agency ratification, if they do not hold the DPSI (J)
- be deemed competent (although not holding the DPSI) because of their background (e.g. university professor) (H)

9.92 At times PSBs were uncertain about the actual standards of the TICS providers used. One PSB (H) declared that the TICS staff providing telephone interpreting all had qualifications, but that research was needed regarding BSL provision. They were awaiting

²³ Researchers unclear whether this referred to both BSL and spoken languages.

²⁴ These are not eligible to work.

information from the Council ITS. Another PSB (J) stated that the “Council ITS was affiliated to a national institution”²⁵.

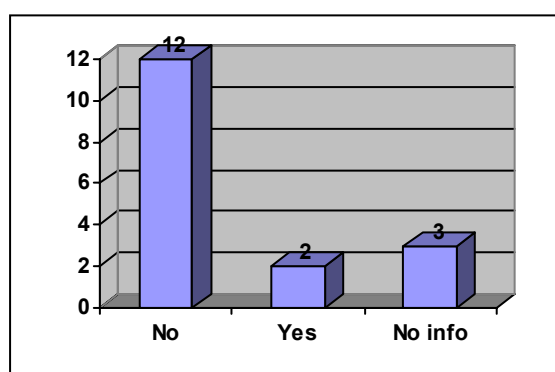
9.93 One PSB (J) commented that it was difficult to “force training on interpreters” as they were not all working full-time.

Verification of qualifications

9.94 A significant 71% of PSBs did not make any check on the qualifications or training held by TICS, although one did check whether the individual was on the SASLI register (J). See Figure 9.4.

9.95 Only 12% of PSBs (2 respondents, H and J) actually made checks on qualifications and training. One of these respondents (J) asked the TICS agency to inform them of qualifications held before the assignment.

Figure 9.4 Verification of qualifications



9.96 In general PSBs assumed that verification was carried out at another stage in the process, most commonly by the TICS agency or provider supplying the individual linguists (29% of PSBs).

9.97 An alternative assumption was that published requirements would be respected. For example, an ITS on the board of the council had set quality standards requirements (H). In another case, requirements were set out in the contracts with TICS providers (SW).

9.98 A range of approaches was evident. At one end of the scale, a PSB took no qualifications into account (E). At the other extreme, a PSB was working towards verifying qualifications (one of the tasks of the Justice Working Group), although it was not happening at the time of the study (November 2004).

²⁵ Precise details were not provided – this might be the case for BSL, for example.

9.99 Examples of some strategies applied by PSBs included:

- checking qualifications if any are held or, if none are held, and checking whether they have been used by other organisations (H)
- monitoring through client feedback, as well as bringing in another “tried and tested” interpreter to overview a new interpreter (H)

Policy matching interpreter to situation or client

9.100 PSBs were fairly evenly balanced as to whether they had a policy of trying to match an interpreter to a particular situation or client. Seven respondents (42%) had a policy of this type in place and 9 (53%) did not. One PSB (E) emphasised that there was a complete policy void regarding this issue.

9.101 Over half of the responses from those with a policy in place came from the health sector (4 responses).

Matching in practice

9.102 A higher proportion of PSBs (76%) stated that it was their practice to match an interpreter to a particular situation or client, even if there was no formal policy.

9.103 Three PSBs were accustomed to the TICS providers taking the initiative. One PSB (C) relied on the TICS to –give them general advice or specific advice with regard to language variation (J). Another was used to the TICS agency asking specific questions (SW). Table 9.10 may be compared with Table 6.17 which illustrates responses from TICS.

9.104 Another PSB (H) was aware that the council ITS matched interpreters to some extent, but did not know how the matching was conducted. It noted that female patients were assigned female interpreters, but commented that male patients were also assigned female interpreters.

Gender

9.105 Gender was mentioned by the largest number of PSBs (76%) as a matter for concern. It was cited as particularly relevant in sensitive situations where there might be embarrassment (J), in certain medical situations (for example, gynaecological or maternity or involving a young woman with a baby), other specific situations such as domestic violence (Im) or linked to cultural considerations such as ethnic or religious background e.g. “for Indian ladies” (H).

Particular setting

9.106 Many PSBs (59%) reported that the particular setting or situation in which TICS services were required was a significant issue. A number of illustrative examples were given:

- certain educational settings might involve sensitive situations (e.g. announcing that a child had learning difficulties) necessitating an interpreter from outside the community (E)
- legal settings in which the legal standing has to be considered if the case were to go to court (must “demonstrate fairness to the accused and the victim”) (J)
- the nature of the crime or complaint, and any issues relating to victims (J)
- sensitive cases (e.g. of a sexual nature) (J)
- other sensitive background e.g. domestic violence (2, Hg and Im) and generally (2, H)
- feminine healthcare settings (H)
- mental health (H)

Language, dialect or language variation

Language, dialect or other language variation was also a key concern. This was mentioned by 53% of PSBs. A number of specific examples were given:

- people brought up using Paget Gorman rather than BSL (H)
- a South Korean case where there were different dialects (H), but an initial mistake had been made
- Cantonese or Mandarin (rather than “Chinese”) (2: Hg and J)
- different languages (e.g. Cantonese) and different dialects (e.g. Sylheti Bengali, Mirpuri variety of Punjabi) (E)
- dialects (J) and specific example of dialects of Punjabi (H)
- dialects of the Indian subcontinent (H)

Cultural background

9.107 Cultural background was another important area referred to by 47% of PSBs. This included ethnicity, religion and caste as well as the gender issues mentioned above. One PSB made specific reference to religion (H) and another PSB referred particularly to Indian Muslim/Hindu Urdu speakers (J). Cultural background could also refer to ethnic background, such as Serb/Croat (J). Religious and ethnic background might be an issue jointly or separately (H). One PSB (J) reported that information relating to religion and caste was not passed on and therefore could not be acted upon.

Particular interpreter

9.108 Use of a particular interpreter was of equal concern (47%). This might be a procedural matter. For example in legal settings the interpreter used during custody or by the police must be different from the one used in court, as the former would become a “court witness” (2, J). In other instances it might be appropriate to use an interpreter from outside the community (3: H, E and J). Often, using the same interpreter might be preferred to ensure continuity (2 H; 2 E), especially if a series of meetings took place as rapport could be established.

9.109 It was also important that the end-user and the interpreter “got on” (E) and a different interpreter might be used if the patient or interpreter were unhappy or uncomfortable (H). There were also cases where end-users who were regular TICS users had a preference for a particular interpreter (SW).

9.110 An interpreter may also have his/her own “emotional baggage” and, therefore, be unsuited to working on a particular assignment (J).

Age or specialism

9.111 Age was only mentioned as an issue by one PSB with specific reference to an older interpreter being used for more difficult situations (E). Similarly, only one PSB (SW) mentioned “specialism” as a reason for matching the interpreter.

Problems of implementation

9.112 Although there was a reasonable interest in “matching the interpreter”, one PSB pointed out that time constraints meant it was not always possible (H) to match the interpreter to the situation or client. Another PSB supported this view (H) stating that there was not always the “luxury” to do this and that, in any case, it could be difficult to identify needs. One PSB admitted that there was no systematic approach for identifying needs, but rather they worked “with what they knew” (Hg). There might also be a specific need identified, such as for someone from outside the community, but it was not always possible to satisfy that need (E).

Table 9.10 Issues to be considered when “matching” interpreter

Issues	No. of responses
Gender	13
Language/dialect/variation	9
Age	1
Cultural background (ethnic, religious, caste...)	8
Particular setting	10
Specialism	8
Experience	0
Skills	0

Requests

Requests for TICS services

9.113 Three PSBs (E, J and H) indicated that no central records were kept of the number of requests for TICS. An additional 6 PSBs were awaiting information at the time of interview (October to December 2004) but one gave estimated the number of requests received.

9.114 Data were provided by 10 PSBs across many sectors (C, 2E, 4H, Hg, Im, J) and geographic areas (indicated in Table 9.11 below), but these did not reveal any particular trends.

9.115 It should be noted that the data normally only captured instances of formal TICS bookings and not instances when in-house staff and family or friends provided a service. They could not therefore, be taken to describe the actual need for TICS “on the ground”.

Table 9.11 Quantity of requests in the previous year

Quantity of TICS requests last year	Description	Region code
12	No information for Deaf or Deafblind people	R 10
30 (92.5 hours) + 12,700 words translated	For 3 spoken languages only No information for BSL or Deafblind	R 8
20 (over 3 months)	Telephone interpreting assignments No information for face to face interpreting or BSL	R 5
82 (in 8 months)	46 spoken languages 36 BSL No data for Deafblind support	R 4
12 (Oct) 23 (Sept) 20 + 4 BSL (Aug) (i.e. about 60 per quarter/240 per year)	Quantity of requests per month varied (depending on patients, not the time of year)	R 10
177 (in half year)	All spoken languages	R 1/2
363 (2003-04 financial year)	Included BSL, no figures for Deafblind support	R 4
Thousands	Estimated figures	R 1/2
3-5 spoken language interpreters per week	These figures for busiest establishment only (no Scotland-wide figures)	R 11
Approx. 800 per week	(In the south division only was 400-500 per quarter, only 5 through staff)	R 1/2

Responsibility for booking TICS

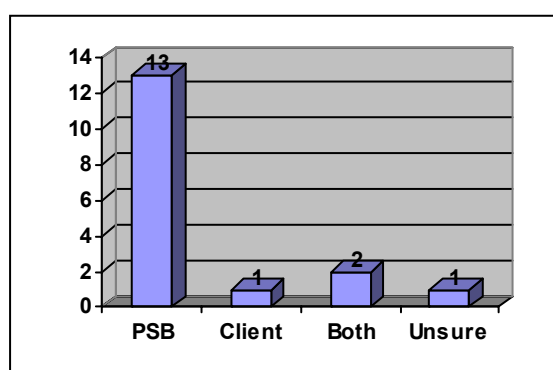
9.116 The majority of PSBs took responsibility for booking TICS provision (88%). One PSB stated that there was a move towards the client contacting TICS through the Direct Payment Act.

9.117 In only two cases, both the PSB and the client contacted TICS providers to make a booking (12%).

Responsibility for identifying need for an interpreter

9.118 Most PSBs (76%) fully accepted responsibility for identifying the need for TICS on the part of clients. See Table 9.12.

Figure 9.5 Identifying need for interpreter



9.119 Clients' viewpoints were taken into account and were sometimes built into or fed into the process. The Direct Payment Act (BSL) underpinned the move towards clients managing their own affairs and accessing interpreters directly. In spoken languages, the client or their family might indicate the need for TICS services.

9.120 A number of comments from PSBs described their reliance on obtaining information about TICS needs from someone upstream in the overall process. For example:

- GP to hospital
- Police to Procurator Fiscal/Court Service
- Police to prison service
- Home Office to asylum seeker support service

9.121 Respondents also mentioned the importance of capturing information about need and flagging it clearly on enrolment forms, on computer records and in files, in Standard Prosecution Reports and in other documentation.

9.122 Details involved in the process of identifying TICS needs are listed in Table 9.12.

Table 9.12 Process of identifying need

Sector	Description of process
Council Services	If a client indicated they wanted an interpreter, this was taken into account
	Sometimes realisation that a team could have benefited from use of interpreters was evidence of a shortfall in identifying need or that a client had refused an interpreter
Education	The language spoken at home was identified at enrolment
	Headteacher/EAL teacher identified need
Health	This was described as being an issue: with the client initiating request by going to Council ITS.
	Sometimes TICS was initiated by patient, if wanted to ask staff a question.
	Probably split 50:50 between patient and GP/hospital
	GP/receptionist called a telephone interpreting service.
	The patient or carer (nearest relative) or member of staff identified TICS need
	The GP should mention on the referring letter (3 responses).
	Should be mentioned on admission form.
	Just putting a flagging system in place on computer and labels on paper files.
Immigration (Asylum Seeker Support)	A shortfall in service was indicated: the GP/nursing staff should be responsible, but clients were having to bring in people (R 5).
	Home Office to advise of nationality, language and second language, and any special needs (e.g. sensory) prior to arrival of asylum seeker.
Justice	Reliance on police for information in the Police Report, as well as information which must be noted in the Standard Prosecution Report
	Reliance on the Procurator Fiscal for notification, or the police if the accused was in custody.
	The police to advise before arrival (but happened rarely or there was very short notice).
	Inmates could mention they wanted an interpreter.
	TICS booking done by: reception staff (at night) someone in the hall where the inmate resides by Race Relations Manager
Social Work	The Direct Payment Act (BSL) indicated a move towards clients managing their own affairs and accessing interpreters directly.

Guidelines on arranging TICS services

9.123 Almost two-thirds of PSBs (65%) provided their staff with guidelines on how to arrange TICS services. The remainder (35%) had no guidelines, although some were in preparation, or they had set up guidelines specifically for telephone interpreting.

Advance information forwarded to TICS provider

9.124 Two PSBs admitted that they were unsure about the information sent in advance, believing that this was inadequate (C, H), while another stated that there was no mention of advance information in the protocol for arranging TICS (H). Another PSB listed the range of information which the TICS provider normally elicited (SW).

9.125 The remaining 88% (15 PSB) described the information provided to the interpreter in advance. This ranged from a single piece of information, the “context of assignment”, to a list of 5 or 6 items. It was more common to provide 2-3 items, indicating the minimal nature of the information that tended to be shared with interpreters in advance of an assignment. See Table 9.13.

9.126 In addition to the information forwarded by telephone or e-mail or fax, two PSBs in the education sector in different geographic areas described additional ways of informing the interpreter. In one instance the interpreter was expected to telephone both client and school in advance to obtain additional information. In another case, the PSB mentioned that the interpreter would be briefed before the assignment.

Table 9.13 Advance information provided to interpreter

Type of information	No of references	Supplementary data *
Communication		
Language	7	Language only given for telephone interpreting. Name is not given for telephone interpreting.
- dialect	1	Sometimes language is not known (H)
- any English	1	
Sensory impairment	1	
Background		
Status	1	Witness or accused
Context/setting/situation	3	Meeting, assessment, diet, parents’ meeting, special needs review
- topic/issue/need	2	
Background information	3	Copy of complaint (J), charges (J)
- Forms		Blank homeless application form Forms for health/benefits
Emergency level	1	(H)
Particular request (e.g. gender)	1	
Duration **	1	
Client profile		
No. of end users	1	
Patient/client information	2	Interpreter to call client and school in advance of meeting to obtain information
Name	6	Name given if interpreter accepted job (H) Name of witness/accused/pupil
Gender	3	
Age/date of birth	2	
Nationality	1	
Ethnic minority/religion	2	i.e. “matching” information
Area of country of origin	2	
Supporting paperwork/information		
Council ITS proforma booking form	1	
Code of Conduct	1	(J)
Glossary	1	(J)

Notes to table

* unless specified, these pieces of information were provided by a single PSB

** information such as “place, time (and duration)” was not normally noted by the researcher or mentioned by PSB, but was “taken as a given”.

Confidentiality

9.127 In 6 cases (35%) the name of the client was not provided in advance to the interpreter. The name was provided in advance by 9 (53%) PSBs, except in the case of telephone interpreting, and 2 respondents were unsure of what happened. One stated that this was not addressed in the policy (J).

9.128 One PSB qualified their positive statement by adding that, for reasons of confidentiality, the name would only be given if the TICS provider was the Council ITS.

Procedure when client known to interpreter

9.129 Only a single PSB (E) had a procedure that handled instances when the client was known to the interpreter. A number of PSBs (42%) stated there was no such procedure.

9.130 Although one PSB (SW) stated this would be rare due to matching by TICS, the reality was that this was bound to happen because of the small size of communities (C and E), especially as family members might work as interpreters (E). Nonetheless, people could feel uncomfortable in these circumstances and might choose to turn down an interpreter who was known to them. One PSB (C) suggested that circumstances would determine whether it was acceptable and it should be decided on a case by case basis. This view was supported by another PSB (J).

9.131 One PSB (Hg) suggested that the client should be asked if they were uncomfortable, in which case another interpreter could “maybe” be found. This could place the client in an awkward position.

9.132 The only PSB with an established procedure stated that the interpreter must inform the Council ITS so that the service could find an alternative interpreter (E). This could only be done if the client’s name was revealed to the TICS provider in advance of the assignment.

9.133 The outcome was split evenly, either carrying on, if the participants agreed (47%), or not using the known interpreter (47%).

9.134 In the former case:

- a PSB might check if both client and interpreter were happy to go ahead (H)
- one PSB would check with the person’s carer (H)
- the decision would depend on each police force, on a case by case basis, but they would need to consult with the victim (J)²⁶
- it might depend on the level of acquaintance as impartiality and confidentiality must be protected (J)

9.135 In certain circumstances such as a funeral, a client might prefer to have someone interpreting who was known to them on a social level (SW).

²⁶ There was no mention of whether this was acceptable for witnesses and the accused

9.136 In the latter case:

- a different interpreter must be obtained if there was any doubt about the client feeling comfortable or was socially uncomfortable (J)
- ideally another interpreter was needed if client and interpreter were known to each other; certainly if the level of acquaintance was too close and there was a risk of jeopardising impartiality and confidentiality (J)
- it was considered inappropriate for the interpreter to know the client and either another interpreter must be arranged or, failing this, telephone interpreting would still be preferable (H)

9.137 Staff might deduce that the client and interpreter were known to each other based on the reaction of the interviewee (J). PSBs would hope (H, J) or normally expect (J, 2 H) the interpreter to mention the fact that they knew the client to the PSB. If this was done in advance, a replacement interpreter could be arranged (J and 2 H). If not known until arrival at the assignment, 2 PSBs still stated the interview must be rearranged (Im and H). Another suggested in-house staff would make a preferable “fall back” solution (H).

Measures for out of hours and emergency requests

9.138 A large proportion of PSBs (71%) had measures in place for out of hours and emergency requests and for requests received at short notice. This compared with 18% who had no measures in place. Around 12% could not provide information.

9.139 The measure adopted by most of the PSBs (53%) in such circumstances was telephone interpreting (one PSB stating that the duty administrator contacted interpreters individually, H). This response was given by 8 of 12 respondents with a coping strategy in place. The ninth user of telephone interpreting did not claim to have coping strategies in place as this PSB was awaiting information regarding BSL.

9.140 The four remaining PSBs with measures in place adopted a variety of approaches:

- one PSB adjourned court until an interpreter was found (J) claiming that it only encountered short notice as a problem in its area of work (not out of hours), going on to add “except time-barred cases”
- another indicated that the responsibility for handling short notice requests (first appearance in court following custody) was the responsibility of another PSB (i.e. the police) (J)
- a third brought in the Glasgow “standby service” (SW)
- the final PSB stated it was very rare to receive a request out of hours and that the provider could get someone within 30 minutes (E)

9.141 Two PSBs used telephone interpreting as a supplementary solution. In one case there was a back up “city service”, but the PSB commented that support was limited as this service “had to deal with other issues (as well as TICS) and might not “pick up the phone” (H). In the second case, a standby service was also available.

9.142 One PSB currently using telephone interpreting was “disusing” this service and would rearrange the appointment (Im).

9.143 A PSB with no measures in place reported that they would use in-house staff.

Procedure for handling TICS requests

9.144 There were more than twice as many bookings for TICS requests handled by individual divisions or departments (59% of total) than were channelled through a central point. See Figure 9.6

9.145 In one case there was a move towards requests being handled centrally. A PSB (E) reported that requests were currently handled both by individual units and centrally, but that this would change to processing requests through a central point, the Support Service Manager, Bilingual and Travellers' Children.

9.146 Another PSB, which had not established a policy, reported that this issue was being decided and should be handled through a central point in each section (H).

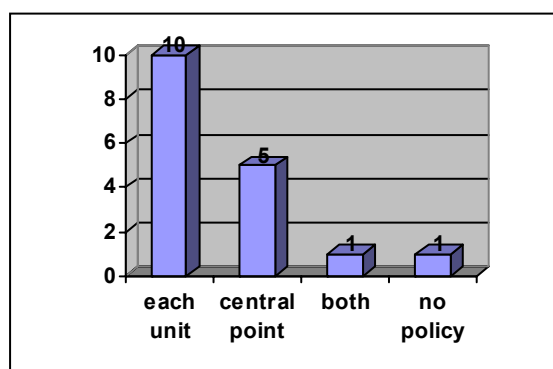
9.147 When requests were handled centrally the following types of central points were mentioned:

- through a central point in each police force (J)
- through the duty administrator for evenings/nights (H)
- through the Manager for Physical Disability and Sensory Impairment for the whole council (SW)
- through the Involvement Co-ordinator in Clinical Governance Team: Acute Section (H)

9.148 Responses to some extent depended on how a "unit" or section or department was defined.

9.149 One PSB pointed out that there was only one other branch of their type and each branch could, therefore, handle own bookings (Im).

Figure 9.6 Channel for dealing with TICS



Unit requesting most TICS services

9.150 PSBs were sometimes uncertain about which division or department of their organisation made most TICS requests, as this was not managed centrally. Two of these PSBs made an informed “guess” at “social work, children’s services” (C) and “the area of Moray Firth – Nairn, Inverness, Allness and Dingwall” (E, R5). A further “guess” that most requests came from “social work, education” was from a PSB still awaiting information (SW).

9.151 The remainder of the 16 PSBs (94% of total) who responded indicated that most requests came from the following sectors or areas:

- uniform branch: i.e. front line officers dealing with the public (J, R11)
- 90% of requests from community nurses, health visitors and primary care (H)
- primary care (two-thirds of requests) compared to one-third from the acute sector (H, R1/2)
- acute division and specifically: Aberdeen Royal Infirmary and Woodend Hospital; Aberdeen Royal Infirmary Children; Maternity; Accident and Emergency (A&E), adults and paediatric (H, R4)
- Accident & Emergency (H, R5)
- Strathclyde district (J, R11)
- Glasgow Sheriff Court and Dundee had quite a high level of requests; some small communities (e.g. Arbroath) could also be high users (J, R11)
- Barlinnie and Saughton Prisons (J, R11)

Impact of the RRAA and the DDA

9.152 Overall, more than half the PSBs admitted that the Race Relations Amendment Act (RRAA) and the Disability Discrimination Act (DDA) had affected the services they provided or the way in which these were provided.

- RRAA had impact on 65% of PSBs
- DDA had impact on 53% of PSBs

9.153 A further 12% of PSBs indicated minimal impact. One (C) stated merely that the acts had had little affect, but another that there had been more impact on civil than criminal cases (J).

9.154 Two PSBs reported that the acts had not had any impact on their organisations because the PSBs in question had already been acting in compliance with the requirements (E and J).

9.155 In contrast, another PSB stated that the DDA was not relevant to them as they were a “multicultural organisation” (Im). This view seemed to neglect the fact that people from multicultural backgrounds could also have disabilities or additional special communication needs.

9.156 One PSB was very clear that the RRAA had “kicked off the whole system 3 years ago” (H).

9.157 Around half of all PSBs responding had a policy, scheme, action plan or strategy in place. One stated that this was to be implemented by November 2005 (H). One PSB felt that their Race Equality Action Plan still needed to be more accessible and comprehensive (H).

9.158 Some PSBs were tending to group planning and policy regarding all types of discrimination under the single heading of “diversity”. In one PSB (J) the Diversity Strategy already covered 6 strands of discrimination, another planned to bring RRAA and DDA together in the future (H) and a third was renaming the steering group as the “Diversity Group” (H).

9.159 Some guidance and training was already provided to staff or was under development, but this was not as widespread as might have been expected. In one case, the nature of the guidance was surprising; it was summarised as “reinforcing to staff that it’s the responsibility of public sector bodies and they need “to cover their back” (H).

9.160 The only practical measure directly affecting communication was the installation of loop systems (H) although video-conferencing to provide TICS could be included in this category.

9.161 Overall, there were very few direct references to TICS services. These might have been embedded within Policies and Action Plans, but not mentioned specifically. See Table 9.14 for details.

Table 9.14 Impact of RRAA and DDA

Overall issue	No of respondents (out of 17)	Details
Policy, Scheme, Action Plan, Strategy	9	Race Equality Policy (2 in E) Race Equality Scheme (1 in J/1 in E) Race Equality Action Plan (1 in E/2 in H) Action Plan (1 in H) Diversity Strategy (1 in J)
Working Group	2	Race Relations Working Group (1 in H) Race Relations Steering Group to become Diversity Group (1 in H)
Guidance/training for staff	5 (+ 1)	Future production of booklets for staff (who to contact, why, when etc) (1 in H) People now knew who to contact (RRAA) (1 in Hg) Reinforcing to staff that responsibility of staff: need “to cover their back” (1 in H) Training of all staff (managers and frontline) (1 in H) Major ongoing exercise to develop training package for both aspects (1 in H) BSL level 1 training for frontline staff (1 in Hg) + BSL training had already been carried out (1 in H)
Practical Measures	5	Audit (1 in H) Audit (physical accessibility) (1 in H) Alteration to buildings (1 in H) Accessibility of services (1 in SW) Installed loops (1 in H)
TICS	3	Appropriate use of interpreters as inclusion and equality issue (1 in E) Video-conference pilot (1 in SW) Race Relations Policy translated into 7 languages (available online) (1 in J)
Other effects		Promoted awareness of needs of community (1 in H) More awareness of what should promote: all inmates must get same level of service/information independent of their disability or language (1 in J) Promotion of racial equality (1 in E) (all schools to comply by June 2005) Scotland-wide Fair for All taken into account (1 in H) Promotion of accessibility (1 in SW) Not making someone a “social work client” (1 in SW)

Duties with relation to providing access to information

9.162 The RRAA and the DDA require organisations to make sure that the public has access to information about the services provided. PSBs actioned these requirements in 4 ways:

- consultation or planning to determine action
- publishing information about accessing information
- implementation of procedures
- TICS-specific

9.163 Generally organisations were aware that they needed to ensure equality of access to services and to make sure staff knew their responsibilities. Comments from PSBs ranged

from a simple acceptance of the need to provide information (H) to a description of the process underway to assist this by giving staff information material and reviewing material (H).

9.164 One PSB (H) raised the following issues:

- which languages were needed for document translation
- what information needed to be provided in different language versions
- how issues of literacy were to be addressed

9.165 Two PSBs (J) reported that no requests had been received for particular materials, such as translated versions or versions in specific formats which were available on request. This could indicate that end users were not sufficiently aware that the information even existed or was available. Another PSB suggested that its video-conferencing service needed more publicity (SW).

9.166 In the main, PSBs concentrated on the provision of information in “spoken” languages rather than in BSL or a range of types of communication support. The focus was also on translation rather than interpretation, in contrast with earlier questions. See Table 9.15 for details.

Table 9.15 Duties with regard to ensure public access to information

Issue	No of PSBs	Actions	Region code
Consultation or planning	5	Survey carried out regarding TICS issues (H)	R 2
		Each force to consult with BME groups, voluntary organisations	R 11
		A tenants' participation section to ensure tenants have information (Hg)	R 10
		Schools must find out if information goes across, must monitor the use of service, carry out impact assessments and publish results (E)	R 8
		* Race Relation Steering Group to develop appropriate leaflets to raise awareness ²⁷ (H)	R 2
Published information	3	Council policy statement on accessibility of information (C)	R 4
		Access to information mentioned in Action Plan (E)	R 5
		Posters about complaints and procedures through council (Hg)	R 10
		Division plan with details of TICS (C)	R 4
		Notice at back of all council documents in 4 community languages (C)	R 4
Procedures	10	Communication in the client's preferred language (E)	R 1/2
		Communications branch: families can write their queries in their own language and will get an answer in their language (J)	R 11
		Phone line to access in various languages at different times of day/week (Im)	R 1
		Translation of legally binding/statutory/formal documents (record of needs, review of meeting) (E)	R 1/2
		All information translated if requested (H)	R 10
		All additional material translated on request (key documents available in translation) (H)	R 4
		Tenancy agreement and handbook could be translated (Hg)	R 10
		Need to ensure that information is accessible, but request-driven: for example, BSL video, Easyread, CD-Roms (J)	R 11
		* All policy documents to be available on line in translated versions (J)	R 11
		* Results of impact assessment (for example, questionnaires on bullying) may have to be translated and ask for comments to be translated into English (E)	R 8
		Video-conference pilot (SW)	R 2
TICS	7	Newsletter to all tenants available in Portuguese, Chinese, BSL video, Braille (Hg)	R 10
		Welcome pack translated (Im)	R 1
		Patient information pack in large print, Braille, audiotapes	
		Annual report translated into Gaelic, Portuguese, Cantonese (H)	R 5
		Out of hours support in 6 languages : Gaelic, Cantonese, Polish, Portuguese, Arabic, Kurdish Surani (H)	R 5
		Website in various languages (J)	R 11
		Victims' Pack - less RRAA-driven than cross-Scotland led since they initiate translation (J)	R 11
		* Consultation documents to be translated, but not all completed (H)	R 5
		* One-off funding secured for translation of key statutory/essential documents for patients (in 3 main languages: Chinese ²⁸ , Bengali, Arabic) on website and intranet (H)	R 4
		* Access to pre-5 services to be translated so information accessible to parents (E)	R 1/2
		* Policy documents to be translated into core languages (J)	R 11

Notes to table * for future action or completion at date of interview (Oct-Nov 2004)

²⁷ Lothian's Mental Health Video was cited as an example

²⁸ Not specified which Chinese language

Information on availability of TICS provision

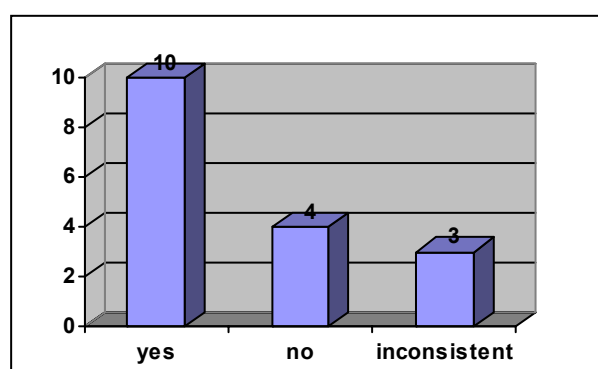
9.167 Over half of PSBs (59%) informed the general public about the possibility of TICS provision. One of those providing such information acknowledged that more could be done. See Figure 9.7.

9.168 Another 18% provided information on a “piecemeal” basis. For example, in education, there might be no rule consistently applied at enrolment. In addition, not every head-teacher arranged a meeting with an interpreter at subsequent stages, but relied instead on family or friends.

9.169 One PSB (H) was concerned at their lack of information provision. They could not advertise face to face interpreting as they were not yet in a position to provide it and they did not advertise telephone interpreting. Another PSB who was still to provide information stated that they would like to include a mention of telephone interpreting at the bottom of letters to patients in the 6 main languages (H).

9.170 In total, almost a quarter (24%) of the PSBs responding provided no information to the general public about the possibility of TICS provision.

Figure 9.7 Informing clients of TICS provision



How the general public are informed about the availability of TICS provision

9.171 Only two PSBs took no steps at all to inform the public about the availability of TICS provision. All other PSBs responded to this question, including two who had previously stated they did not make clients aware of TICS services.

9.172 A range of methods was used to inform the general public. See Table 9.16.

Table 9.16 Means of informing the public about the availability of TICS

Means	No. of responses
Information note in original document	3
Written information posted around PSB	7
Directly and verbally informed	6
Included in note given/sent	5
More proactive advertising	4
Version already available	1

9.173 The methods employed by PSBs fell into a number of categories. Some of these were more proactive than others and some were likely to be more effective than others.

Information note in the original document

9.174 At the back of the original document (in English) a line might be inserted giving the information in English that the document could be “requested in another language or format” (H). A similar notice might appear at the back of a document inviting people to request a translated version (J and C).

9.175 This was probably the most ineffective method of broadcasting information. It was unlikely the end-user would find it at the back of the document, as they would have been unable to read the English version, unless the information was passed on by someone else.

Information posted or available at the PSB

9.176 Information might be made available at the PSB in a number of ways:

- a leaflet in English with TICS details might be available throughout the PSB (C)
- telephone interpreting lists might be posted at the counter (J)
- there might be posters at admission/reception/GP (3 H, Hg, J)

9.177 Overall, the posting of information on walls (posters) was the method most commonly mentioned by 29% of respondents.

Directly and verbally informed

9.178 A potential end-user might be advised in person that a TICS service was available (J and Hg). This might be mentioned at enrolment (3 E) or during another induction meeting (J).

Included in written information directly posted or given to end-user

9.179 The possibility of TICS provision was mentioned in welcome or induction packs (Im and J), and possibly in Visitors' Information (J), although the PSB was uncertain of the extent of the information given to visitors.

9.180 Written correspondence to parents, clients or witnesses might directly enquire, "Do you wish an interpreter?" (E) or a leaflet might be sent out with any correspondence to witnesses where there was potentially a need. This would indicate what to do "if you would like this in alternative language or format" (J).

9.181 One PSB took an inclusive approach by stating that letters would mention "we will have an interpreter" rather than asking if the person would like an interpreter. This was to avoid embarrassment and be more proactive (E).

9.182 The success of these approaches may still rely on someone being present who can speak a degree of English and who can relay the information on to the end-user in his/her language.

More proactive advertising

9.183 Some broadcasting of information targeted networks which could help to make sure the information reached the people concerned. For example:

- mention on Asian radio (H, R1)
- periodic meetings of work group with service users (SW)
- guidelines circulated to the whole council – and thereby to people who encountered service users (SW)
- mention on the Asylum Seekers phone-line (Im)

9.184 These approaches also made sure that the successful receipt of information was not dependent on literacy skills nor, necessarily, on someone speaking English.

9.185 Work on the "Happy to Translate" logo was also mentioned (J). This would ensure that people were quickly, easily and visually aware of the availability of TICS once familiar with the logo. It could also help ensure that BSL and other CS users were included.

Other language versions already available

9.186 One PSB mentioned that translated documents were already posted on the Internet (J). In other words the "finished" version of a text-based document was freely available to anyone with access to a computer, and an awareness that it existed.

Responding to a request for a new TICS

9.187 PSBs responded to a request for a TICS service they had not previously been asked to provide in a variety of ways. These ranged from trying to source a solution “internally” within their larger organisation or “externally” from another organisation or profession.

Internal solution

9.188 Internal solutions tended to follow a route starting with other immediate colleagues (H) and line manager (H and Hg), then seeking advice from a higher authority or “expert” within the organisation, such as Quality Co-ordinator (H), Principal Health Promotion Officer (H) or Manager of Physical Disability and Sensory Impairment (SW).

9.189 More generally, this might be someone in the administration or quality department or the Duty Administrator if out of office hours (H). Alternatively the head-teacher might be contacted to ask the Area Manager (E).

9.190 The Involvement Co-ordinator in the clinical governance team was cited as a contact for more specific knowledge (H). In other cases, the head-teacher could contact Deaf Education/Visual Impairment Services (E) or the patient information co-ordinator could be asked to contact the diversity advisor (H).

9.191 The pattern of looking for a solution “close to home” then moving outwards into the wider organisation was reiterated by another PSB who proposed looking up information on the intranet, next contacting the area diversity team, and then the Scotland-wide diversity team (J).

9.192 As a final step, enquiries might be directed to headquarters (E and J).

External solution

9.193 One PSB (H) considered contacting a telephone interpreting agency or the police as a fellow PSB in the area with experience of this particular TICS need (H).

9.194 Two PSBs would contact their local Race Equality Council, such as GREC (J and H). Other PSBs would seek advice from TICS providers or from professional bodies. Two would contact their existing TICS (C and Im) and one would contact SASLI (J).

Other communication support

9.195 PSBs were asked to comment specifically on how they would deal with requests from Deafblind users, or for written information in BSL video format or a foreign sign language.

9.196 Several PSBs indicated that they would contact a specialised section such as the sensory impairment unit or centre (E and H) or the rehabilitation and care section for sensory impairment (J).

9.197 One PSB (Im) suggested that interpreters could read information to people with a visual impairment and envisaged the use of audiocassettes for induction sessions for the future. Another PSB reported that “voice and CD formats for blind members of ethnic communities were in the next stage of planning” and would be available on request (H).

9.198 Information in BSL was already provided by some PSBs. A newsletter in the format of a BSL video-tape was produced by one PSB (Hg) and a BSL video was available on request from another (J). A further two PSBs stated that a BSL video could be produced through the public relations section (strategy section) for any publication required (SW) or produced through the communication department of another PSB (E).

9.199 Videotape information with subtitles was mentioned by one PSB (J) and another referred to alternative formats (H).

9.200 One PSB indicated, however, that although it could source the production of information videos in BSL, a service offered through the Deaf Society, it had not received any requests (C). This was supported by two other PSBs. Two had never produced BSL videos (J and H) and the latter emphasised that they had never been asked to do so.

9.201 Another PSB in the health sector stated that it had never received requests from either Deaf or blind patients (H).

9.202 No mention was made of foreign sign language provision by any PSB.

9.203 A number of PSBs agreed that there was a need for more staff awareness (H), with particular emphasis on diversity awareness (J), and that they were considering how to inform staff in the longer term (H). One PSB recognised that this was an issue and there was a need to do more awareness training (H).

9.204 Overall, there was no evidence of any coherent and comprehensive policy regarding these aspects of TICS. The lack of BSL versions of standard information published for the general public, for example, indicated that BSL users were excluded from accessing this information. Some PSBs said they had received no requests, but it would be difficult for members of the public to know what to request, if they did not know what was available in another language.

Constraints

Meeting of requests for TICS

9.205 It was claimed by 7 out of 17 PSBs (41%) that TICS requests were fulfilled successfully every time. One PSB from this number had no supporting figures (C) and another used family members (H). Removing these two respondents would reduce the proportion of PSBs meeting 100% of TICS requests to 29%.

9.206 Another PSB stated that a case could not proceed without an interpreter when this need was identified. When a witness had limited English and there was no interpreter, the Sheriff should adjourn the case. Therefore, any eventual “request” might be successfully met, but this example (J) suggested that the need might not always be identified at the right time.

9.207 One other PSB claimed to fulfil 99% of all requests (E). Another claimed success in 98% of cases (E) and a third 97% through the Council ITS (but had no information available for BSL).

9.208 There was no information about the number of requests fulfilled available from the remaining 41% of PSBs. One PSB assumed that “all requests” were successfully met (J) and another stated that “clients organise themselves” (H).

Reasons for unmet/difficult to fulfil requests

9.209 The main reason for being unable to fulfil a TICS request, was difficulty in sourcing the language or dialect required (53% of PSBs). One PSB reported that at the time of the interview (November 2004) Kurdish Surani and Turkish were proving to be most demanding, although the languages of asylum seekers and the new EU access countries were also problematic. See Table 9.17.

9.210 The availability of interpreters was also an issue (reported by 47% of PSBs), particularly of interpreters working in BSL, as well as those working in languages for which there was only a single interpreter.

9.211 Geographical constraints, affecting the same proportion of PSBs (47%), caused problems, both in terms of an interpreter accessing assignments and also because of the cost implications of interpreters travelling long distances.

9.212 The same number of PSBs (47%) gave short notice as one of the main reasons for finding it difficult to meet a request, particularly for face to face interpreting and translation and also in emergencies. Occasionally, the short notice was caused by a failure in procedure such as the referring GP failing to indicate a need.

9.213 Some 24% of PSBs had difficulties in fulfilling a specific request relating to gender, such as providing a female interpreter in a maternity setting, and 18% found it hard to provide a particular type of service, to support for example, someone with learning needs. There was some concern at the method described by a PSB in the Glasgow area to cope with

the difficulty of sourcing a translator quickly. The solution was to use interpreters to handle the translation.

9.214 Difficulties in meeting requests were also attributed to the need for confidentiality (i.e. using someone from outside the community), cost implications and lack of awareness on the part of PSBs.

Table 9.17 Reasons for failing or finding it difficult to fulfil a TICS request

Main issue	No. of respondents	Details
Languages	9	of asylum seekers: - Belarus (C R4) - Afghan, Eastern Europe, Korea (E R8) - Latvian, South Korean (H R4) - BSL, Lingala, Somali, Swahili, Tamil (H R1/2) - African (North African) languages, Algerian (J R11) - Somali (E R1/2) - Kurdish Surani (J R11) of EU (including new access) countries: - Poland, Portugal, former Yugoslavia No Japanese on Council ITS, so through private agency (E R1/2) A language from the Indian subcontinent (once) (H R8) Any language for which there is only a single interpreter
Availability of interpreters	8	Especially in BSL (H R4, H R1/2) When single interpreters only in certain languages (Hg R10) In certain languages (2 H, Im, J, E) – especially Kurdish Surani and Turkish at time of interview Oct 2004 (J)
Geographical constraints	8	For primary care (H R10) Northern, Borders, Argyll, Western Isles compared to central belt (J R11) (E R5) In specific instances e.g. drive to Elgin in wintertime at night (H R4) In the sense that it costs more to bring interpreters from Edinburgh (H R1/2) + (H R5, 2 J R11)
Short notice	8	- for face to face interpreting (Hg R10)/but rare as meetings planned 1 week ahead (Im R1) - especially if face to face interpreter from Central Belt (H R5) - for face to face interpreting as not mentioned by referring GP (H R10) - for translation, ITS needs 48 hours (H R1/2) - emergency situation (E R1/2), especially if detention (H R8) - rare (J R11)
Specific requests	4	Gender – women for maternity (H R1/2) (H R5) (H R8) (J R11)
Type of service	3	Translation more difficult at short notice – but will use interpreters (H R1/2); (H R5) Learning difficulties needs (H R10)
Confidentiality	2	Need for confidentiality requiring an interpreter from outside the community (E and J)
Cost	2	Face to face interpreter not honest about the duration of the assignment (H R10); (H R5)
Lack of awareness from PSB	1	Healthcare awareness (H R5)

Budgetary Constraints

It was reassuring to discover that there were no budgetary constraints for 11 PSBs (65%).

9.215 Two PSBs stressed that TICS was an essential or required service so must be provided (H and J). Another (J) emphasised that costs should not prevent a service being provided to meet people's needs. For one PSB, TICS provision was part of the contract and therefore interpreters and translated material were necessary (Im).

9.216 Cost not being a deterrent in real terms was further supported by PSBs in another sector who stated that requests from schools or from central departments were always met and never turned down on cost grounds (E). They would still get TICS service at the end of the financial year if over budget (E). Another PSB reported that the NHS had accepted financial responsibility for NHS-related requests (SW), presumably to prevent social work departments having to bear the costs. In addition, an example was given of how PSBs continued to provide TICS despite costs; one particular prison had already spent its budget, but had not stopped TICS provision (J).

9.217 Nevertheless, PSBs could not be careless with money. One PSB would continue to provide a service, but was aware it must be accountable for public money. Currently costs were part of the "nurse and patient budget", a PSB reported, but it was thought this might change (H). Another PSB stated that a limited budget had not stopped them so far, but there were concerns about costs (H).

9.218 Only one PSB encountered no constraints, explaining that this was because they were rural and demand was low (H).

9.219 In reality, there were certain constraints for most PSBs and there was evidence that a number of PSBs established priorities for working within a budget, even if the budget was exceeded in certain types of situations.

9.220 There was clearly an impact on the amount and type of translation carried out due to budgetary constraints. PSBs reported that:

- there were limits set on translation in favour of interpreting (H)
- only essential documents were provided (H)
- not everything was translated. Some information documents were provided only on request (J)

9.221 One PSB specifically mentioned the costs attached to providing a BSL video (C).

9.222 Constraints also impacted on the approach taken to interpreting. One PSB (H) reported that they needed to be careful and find economic solutions. For example, they might make block bookings of patients requiring an interpreter in the same language or book an interpreter for a few hours, not for a whole day.

9.223 Budget management varied across different PSBs. Some had "no allocated budget" (H) or no "means of quantifying the actual spend" (E). One PSB reported changes, namely that each establishment had its own RRAA budget in the first instance, with each governor subsequently bidding for his/her own budget based on need. Translation, however, remained

under a central budget (J). This decision might reflect the potential costs associated with translation, but could equally have been made because translation might often be of documents produced centrally.

9.224 Inevitably, there were “always constraints and as demand grows, the budget will have to be expanded” one PSB (E) stated. Only a few PSBs provided actual figures. The budget for one PSB was £4,000 per year (E). Another said that the annual Council ITS budget was limited to £9,000. A third (H) quoted its actual spend for the previous year which came to £17,000.

Contingency measures to overcome budgetary constraints

9.225 Only two PSBs (12%) reported that there were contingency measures which could be taken to overcome budgetary constraints. These were:

- to use funds from an underspent area (J)
- to buy in the service using the section manager’s own budget (C). This would follow once the budget agreed with the Council ITS had been spent.

9.226 The same number of PSBs stated that there were no such contingency measures, not least, in one case, because translation costs were included in the whole budget (H).

9.227 The majority of PSBs (47%) did not consider this issue applied to them.

Difficulties in providing TICS services

9.228 Almost three-quarters (71%) of PSBs had experienced difficulties in providing TICS services. These respondents provided detailed responses on a range of issues.

Awareness among the general public

9.229 PSBs were concerned that “people might feel disempowered” (E) and generally lack awareness of TICS services. They might not know how to contact someone about TICS nor even know that they could access services (E). One PSB expressed anxiety about whether they were actually reaching individuals (SW) especially as communities could be “diverse and scattered” (H R5) in certain areas. The fact that communities were scattered was considered to lead to disparities between rural and urban areas (J R11).

9.230 The lack of requests for written documents in alternative formats/and languages reported (C), as well as a low number of interpreting requests, was viewed as a sign of lack of awareness of TICS services on the part of the end-user, but this could also indicate reliance on family and friends.

Issues relating to PSB personnel

9.231 Concerns were also voiced about lack of awareness on the part of PSB staff (H). The example of the referring GP failing to mention language need was cited again (H – mental health). Another example was given (E) of schools failing to identify the need for an interpreter if parents had a little English (so-called “cornershop English”).

9.232 It was reported that staff were not following guidelines. For example, on encountering a TICS need at enrolment, they would proceed with the enrolment of the child and phone the Support Service Manager later (E).

9.233 Generally, it seemed there was a lack of staff training (Hg). In addition, staff also lacked specific skills such as how to use text-phones (H).

9.234 A difficulty encountered by PSB staff, which was not related to internal preparation or procedures, was the abuse staff had experienced (SW). This included unpleasant relationships with TICS providers²⁹ who might react in a hostile manner if the PSB requested information (H).

Sourcing interpreters

9.235 PSBs mentioned practical difficulties related to actually identifying and obtaining an interpreter. Some of the key issues were mentioned frequently in other sections of the study. See Table 9.18. They included:

- the wide range of languages required
- the number of TICS providers
- lack of full-time interpreters
- availability of interpreter(s)
- confidentiality
- interpreter’s training and experience
- practical constraints

²⁹ unclear whether this was at agency level or individuals providing TICS

Table 9.18 Key issues causing difficulty in sourcing interpreters

Key issues causing difficulty	No of PSB
The wide variety of languages (E)	2
One PSB gave the figure of 43 languages in 10 years (H R4)	
Number of providers in certain languages (E) (J)	6
Too few in certain languages e.g. Cantonese (E)	
Not enough interpreters in certain languages (2 H) e.g. BSL (3 mentions) and minority spoken languages	
Few/no full-time interpreters in many languages (E)	2
As not full-time might not be available to work (E)	
Many interpreters were not full-time professionals (due to amount of TICS requests in their language) and had to be mobile e.g. work in oil industry (H)	
Interpreter availability (H)	3
High level of demand or volume of work (H)	
Provider preferred working in justice as paid more due to lack of resources (H)	
Confidentiality	1
Need to find interpreter from outside the local community (E) in certain circumstances	
Interpreter's training & experience (H)	1
Practical constraints	3
Geographic constraints (E and H)	
Short notice (H)	
Costs (H)	

Quality control

9.236 Principal issues concerned quality monitoring generally (J) and professional competence. One PSB lamented the lack of standards which existed because of the “piecemeal” nature of provision for spoken languages through freelance providers (H). Another PSB considered that the problem lay in the amount of PSB reorganisation leading to instability, which was not conducive to good work (H).

9.237 This could lead to procedural problems. For example, the person responsible for overseeing provision in the PSB might not be aware that an interpreter had been provided until the bill arrived (H). This could be due to an internal reporting problem between departments, but could also occur because the client or patient had booked the interpreter directly.

9.238 Interpreters might also fail to follow required procedures. They were instructed to contact the client and school ahead of a meeting, but did not always do this (E). A more straightforward but significant difficulty, occurred when an interpreter who had been booked did not turn up (SW).

9.239 There were some difficulties regarding the fees charged (J).

9.240 Some difficulties had been encountered with the behaviour of interpreters in connection with confidentiality and advocacy in face to face interpreting (H). The lack of a register or awareness of registers was potentially a factor in the difficulties involved in sourcing approved interpreters. For example, PSBs did not always know which BSL interpreters were registered and some were even unaware of SASLI (H). The NRPSI could provide some reassurance regarding qualifications for spoken languages, but very few

NRPSI-registered interpreters were based in Scotland, even in the central belt (J). Although there was a shortage of interpreters, some agencies could not be used as they had not yet been vetted (J).

9.241 There were also problems linked to the vetting of interpreters (J) regarding any criminal convictions and other relevant information. First of all, PSBs did not know if an interpreter had been checked through Disclosure Scotland (H). Secondly, there were difficulties regarding disclosure for non-British interpreters (H). It was particularly difficult to carry out the vetting of interpreters from overseas (both for criminal record and qualifications) since the country of origin might not be reliable, especially if the interpreter had originally arrived as an asylum seeker (J).

Lack of translated material

9.242 One PSB (Hg) commented on the limited amount of material available in translation. Leaflets at reception, for example, were in English. There were also obligatory long forms which could only be completed working through an interpreter.

Translation approach

9.243 One PSB (E) commented on translation approaches which still denied full access to understanding. For example:

- the “transliteration” into the other language of the name of a service which meant nothing to parents
- or the use of a register, a style of language, which was not adapted to the audience.

Quality control of translation

9.244 There could be problems with the quality control of a text as the proof-reader might know the translator and not want “to be nasty” (E).

Communication support

9.245 Difficulties might relate to people with literacy problems or who had a sensory impairment.

9.246 Translations might be prepared, but be useless because the parents did not say they were “illiterate” (E). One PSB addressing literacy issues for their welcome pack had considered audio versions, this required tape players and batteries. The solution was to encourage networking between asylum seekers, through Refugee Councils organised events, meetings and drop in centres. Some project officers held surgeries (Im).

9.247 Another PSB stated it could be difficult to identify newly diagnosed Deafblind people (SW).

9.248 Staff did not know how to use text-phones to communicate with Deaf people (H mental health) even when these were available.

9.249 A regularly occurring difficulty identified in connection with interpreting lay in how to communicate with someone until an interpreter arrived for a face to face meeting (Hg).

No difficulties experienced

9.250 Almost a quarter of PSBs stated they had not experienced any difficulties in providing TICS services. One declared that they had a good relationship with their TICS providers (C R4). Another, which had experienced problems 4-5 years previously, reported that it currently received an exceptional service considering the variety of nationalities and languages covered (Im R1). It was mentioned that the council ITS had reviewed and improved its service.

9.251 A third PSB reported that they had been obliged to turn to a provider other than the council ITS on only 3 occasions and received a complaint because the interpreters acted as advocates rather than interpreters. There was no issue regarding the quality of service provided through the council ITS (E R1/2).

9.252 A fourth PSB planned to monitor the telephone interpreting service for any “teething problems” (J).

Suggested developments to alleviate difficulties

Policy

9.253 One PSB had found that contact with ethnic minority groups had helped to offset problems, such as through One World Group (E). Another PSB supported this view, pointing to supplementary social work specific guidance, including cultural specific details and cultural awareness to complement the council’s guidance (C).

9.254 A PSB warned that if family members were accepted as interpreters, the PSB had to make sure that this was done properly (H).

Training & sharing of experiences

9.255 One PSB suggested a strategy to reduce the number of clients requiring TICS services. In liaison with the local authority, more free English classes could be made available to members of the public who wanted them. These would be scheduled appropriately, to suit people working in the catering industry, for example, as the present arrangements were too “piecemeal” (Hg).

9.256 Another PSB proposed that PSBs should retain staff who were able to provide a bilingual service³⁰. This might include staff trained in BSL. This would require some financial incentive since staff were not paid more for providing such a service (H).

9.257 A PSB recommended that interpreters on the list which was used as a local reference tool should be trained to enable them to reach appropriate standards. The PSB had bought in training from other institutions such as Heriot-Watt University, Edinburgh, and Glasgow (H R5). It also recommended that PSBs learn from the experience of other authorities and share experience with other rural areas, if appropriate.

9.258 More local training, away from Edinburgh and Glasgow, was recommended by another PSB (H R10).

Awareness

9.259 It was vitally important for PSBs to develop their awareness of sensory and ethnic minority issues (H).

9.260 TICS services should be advertised and promoted to these user groups to help address some difficulties (SW).

Quality control

9.261 Solutions needed to be found to problems concerning qualifications and quality assurance (H). One PSB suggested that acceptable qualifications and abilities across Scotland in the legal sector needed to be standardised (J).

9.262 A vetting system was urgently required to ensure that anyone working with vulnerable adults and children had passed the Disclosure Scotland checks (J).

9.263 One PSB involved in the Justice Working Group on Interpreting and Translating (WGIT) outlined a number of phases under consideration by the group. These included a vetting system and quality monitoring, undertaken at the start of employment and following assignments. The identification of competent assessors for the monitoring process was still outstanding (J).

Register

9.264 One PSB recommended that an official register be set up (E). Another suggested that a “spoken languages” register be established similar to the SASLI register of BSL/English interpreters and that this should be managed by a Scottish organisation with the power to add and remove members (J).

9.265 A third PSB supported the creation of a register and suggested interpreters should hold the DPSI in Scots Law (J) or equivalent.

³⁰ Not interpreting, but providing the service directly in the language

Centralised expertise

9.266 Several respondents recommended the “centralisation” of certain aspects of TICS. It was unclear whether this meant Scotland-wide for all organisations or restricted to a particular public service sector.

9.267 One PSB recommended a “one-door approach for spoken and sign language provision” (H), presumably meaning combining BSL with spoken languages within various Scottish “regions” rather than through a single Scottish supplier. At present, BSL and spoken languages are dealt with by different TICS providers.

9.268 Another PSB suggested that there should be a single contact to handle TICS queries for advice and added that although there was a Diversity and Equality Task Team in the NHS, its contact details were not generally known (H).

9.269 This aligned with one respondent’s view that a network with other areas was needed to share problems and solutions (H).

9.270 Another respondent recommended the setting up of a centralised bank of information already available in translation (H).

Services & Procedures

9.271 Focusing on internal procedures, two PSBs reiterated the need for primary care services to mention language needs when referring patients (2 H).

9.272 The possibility of telephone interpreting (in various languages) also required to be mentioned in letters to patients (H).

9.273 One PSB stressed the need for more translated information to be made available (H).

9.274 With reference to TICS providers, a PSB wanted the Council ITS service to be more proactive in recruiting local interpreters so that Cantonese interpreters, for example, did not need to be sourced from a distance (E). An improved out of hours service (H) was also requested.

9.275 An Education Representative was needed on the council ITS service users group (E).

Technology

9.276 One PSB recommended a computerised booking system. This would enable schools to send electronic communications rather than rely on paper correspondence. (E).

9.277 A respondent stressed the need for increasing the use of technology in future (particularly for translation) and for sharing good practice regarding this and other aspects of TICS (H).

Funding

9.278 Funding was inevitably mentioned as an issue. One respondent mentioned the £2 million funding package to cover the whole of Scotland for treatment related to asylum seekers (H). The dispersal agreement was with the council, but the NHS as a whole picked up costs covering items such as dental and mental treatments following torture.

9.279 The idea of centralisation underpinned one PSB's recommendation that TICS should be funded under a "national budget", linked with a "national telephone/video interpreting service". Scotland's size, however, might render this uneconomic (H).

9.280 Funding for interpreter training was needed, either to train locally listed interpreters to agreed standards (H) or to enable interpreters to achieve recognised qualifications. The PSB quoted a cost of £600 for the DPSI course and £300 for the exam (H).

Fee structure

9.281 A number of PSBs recommended that the fees charged by TICS providers should be standardised (H and J) either generally or specifically, with all justice agencies, for example, applying a common set of fees (J).

Quality Control/Good Practice

Monitoring of quality of TICS service

9.282 Although 35% of PSBs admitted that they carried out no monitoring of TICS staff, the same proportion did collect feedback from the PSBs or other staff. Overall, data collection seemed minimal. See Figure 9.8.

9.283 The PSB or staff feedback came from the sheriff or clerk of court or other staff, but there was no indication of any formalised system (2 E, H, 2 J, Im). One PSB reported that information was also fed back to the PSB (E) through the yearly quality assurance report returned by the council ITS.

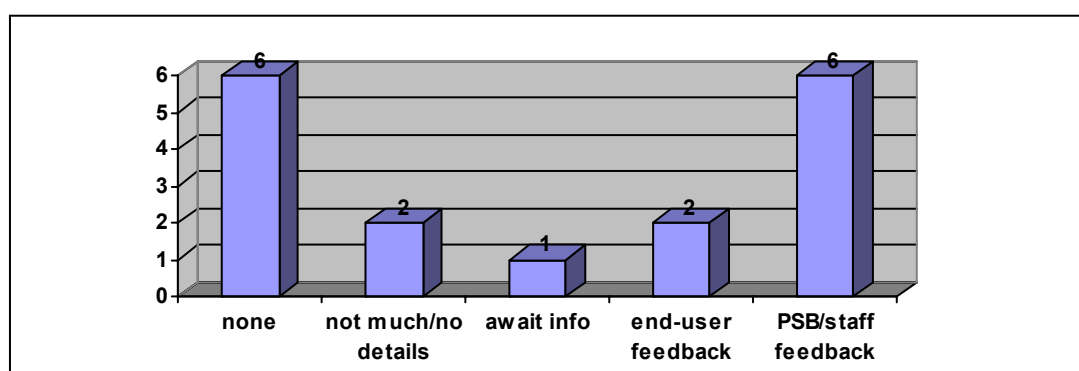
9.284 End-user feedback was channelled through users' work groups, rather than by formal survey (H and SW).

9.285 One PSB simply "awaited any information" which might be returned (Hg).

9.286 A PSB carrying out no monitoring wanted to conduct a Patient Focus Public Involvement Consultation with members using the TICS service on how to improve it (H). Another PSB commented that, although there was nothing relating specifically to TICS, there was an “ethnic minority prisoner survey” which could be completed either in a translated version or with an interpreter sight-translating (J).

9.287 Although one police force respondent had indicated that no monitoring was carried out at national level, it would be the decision of each force whether to conduct any monitoring as each police force was independent.

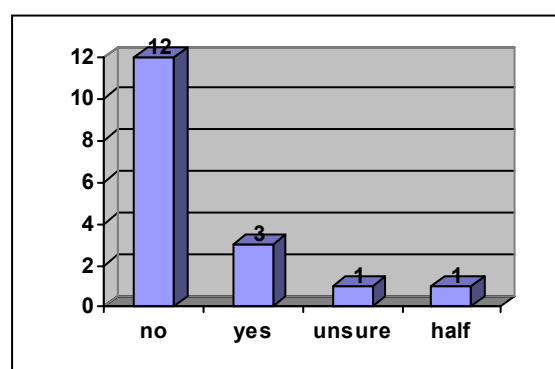
Figure 9.8 Monitoring of quality of TICS service



Verification of police checks

9.288 Few PSBs claimed that they took steps themselves to ensure that appropriate police checks on interpreters or CS workers had been conducted. The majority took no such action (71%) and most of these (11 out of 12) relied on the TICS providers to carry out the required checks. The twelfth stated that the interpreter was never left alone with a child (E). See Figure 9.9.

Figure 9.9 Verification of police checks



9.289 Some of the PSBs provided supplementary information. One PSB (J) commented that agencies should carry out Disclosure Scotland checks and another (H) stated that the

reason it went to the TICS provider was because they conducted police checks. Another PSB (J) indicated that this depended on individual police forces.

9.290 One PSB (H) was unsure whether checks had been carried out, but knew that the list it used for reference was also used by the police so assumed that this had been done.

9.291 Another PSB (H) indicated it was sure police checks had been carried out for telephone interpreting providers which made up half of its providers since this had been written into the contract. It had tried to get assurance from the council ITS regarding face to face interpreters, but had received no reply.

9.292 Three PSBs reported that that they made sure checks had been carried out. One stated that it had asked a new BSL provider for this assurance and relied on the council ITS for spoken languages (H). A second had worked with Northern Constabulary, and Disclosure Scotland checks had been carried out for all interpreters (H R5). The third PSB stated that they were positive the interpreters were all accredited and registered and had been checked through Disclosure Scotland (J). This PSB response referred only to one council ITS in a single area although the PSB provided a Scotland-wide service. Although all these PSBs claimed to be taking steps themselves, findings suggest that some PSBs were also relying on the TICS providers to provide checks.

Examples of good practice

9.293 Almost three-quarters of the PSBs (71%) were aware of examples of good practice relating to TICS issues

9.294 Those with no awareness relied on the TICS providers (C) to improve services or had links with other health authorities (H) or local authorities through the manager (Hg). One PSB had not heard of the STIC forum (H), although there had been input from the Healthy Living Centre to sensory impairment planning.

Links with other organisations

9.295 Almost half of all the PSBs liaised with other PSBs or organisations concerned with diversity. The connections included:

- links with other councils, for example, Fife (E)
- contact with the Justice Working Group (J)
- contact with Glasgow Health Board (H), NHS Central Resource Centre
- participation in a forum with groups with Sensory Impairment (SW)
- taking part in Disability Employer Forum (J)
- link to the Centre of Education for Racial Equality Scotland (CERES) from which they receive information (E)
- contact with GREC and other groups (3 H)
- being part of Race Equality Group of Scottish Executive (J)
- meeting with Race Relation Officer 6 times a year (J)
- participation in Race Relations e-forum (J)
- participation in a yearly meeting with area Diversity Teams to share info (J)
- use of guidance documents from the Scottish Executive (SW)
- taking part in workshops (J)

Links with TICS providers

9.296 Some PSBs (29%) had a good working relationship with a council ITS (H and J) and one PSB indicated close contact with the council ITS service (E). Other PSBs had monthly meetings with the council ITS (E and Im).

9.297 Another PSB (J) indicated that it was in contact with TICS agencies generally and had links with SASLI.

Guidelines and standards

9.298 Three PSBs used the STIC forum translating and interpreting guidelines (3 H) and another PSB was familiar with guidelines for legal work (J). One PSB was involved in the NHS Quality Standards Interpreting Working Group with a representative from each section (5) and council ITS representatives (H).

Research and training

9.299 One PSB contributed to a Research Advisory Group for research into TICS (J). Another took part in the National Interpreting Conference, received articles and shared knowledge with colleagues (H).

9.300 One PSB was in contact with the translation workshop in the NHS National Resource Centre for BME (H).

9.301 Two PSBs were in contact with an interpreter training institution (J and H).

Codes of practice for TICS

9.302 More than half the PSBs (53%) had no code of practice or ethical guidelines relating to TICS See Figure 9.10. One stated that TICS providers might have these in place (C) and another PSB explained they did not have any because they did not provide interpreters themselves (SW). One PSB reported that as each police force was autonomous, it was up to each force, but suggested that HM Inspectorate of Constabulary Scotland might have a code of practice or ethical guidelines (J).

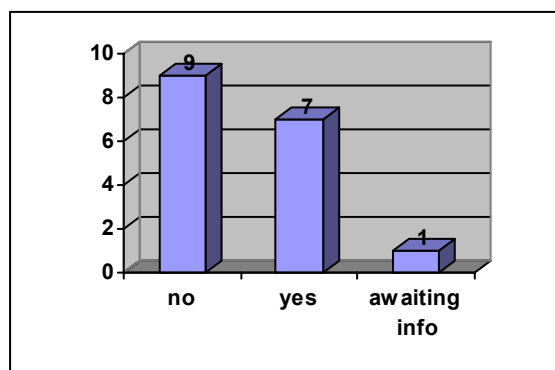
9.303 A PSB with no code of practice explained that it had its own internal guidelines (J).

9.304 A number of PSBs (5) used internal guidelines. These included either a code of conduct (J) or guidelines developed internally and by the council ITS service (E). One PSB had issued guidelines to schools which originated from the council ITS (E). The internal guidelines used by two other PSBs were described as being based on the STIC guidelines (2 H).

9.305 Another two PSBs used the STIC forum guidelines (H and J) although in one case these had only recently been circulated.

9.306 Overall, 47% of PSBs used some type of guidelines. Those which did not seemed to view guidelines as the responsibility of TICS providers and did not appear to be aware that guidelines on working with interpreters might be useful to their own staff.

Figure 9.10 Codes of practice



Summary

9.307 In-depth face to face interviews were carried out with 17 public sector bodies representing sectors where the use of or need for TICS provision had been identified. Respondents held senior positions within the organisations and could comment with authority. The interviews covered details of service provision, requests, constraints on fulfilling requests, quality control and good practice. Chapter Nine summarises the main findings from the large amount of detailed data collected.

CHAPTER TEN

PRELIMINARY CONCLUSIONS (PSB)

Overview

10.1 Chapter Ten outlines the preliminary conclusions with reference to the public sector bodies.

Background

Limitations of research

10.2 The sample for this study was drawn from across the country and across different public service areas. It was inevitable, perhaps, that certain questions, especially in Phase One at grassroots level, revealed a wide diversity of responses and often no consistent or even discernible patterns of note. The spread of responses has also indicated the many different perceptions about TICS held by the public services.

10.3 At times, the general lack of knowledge or awareness of the issues on the part of many PSBs was apparent. It ranged from a lack of awareness regarding languages generally to a lack of awareness regarding TICS specifically. This meant that the researchers had to introduce some focused questions e.g. (2.10) Do you use freelance interpreters/translators? Very few PSBs had heard of the STIC Forum Guidelines, for example. Several respondents mentioned that senior staff in their local authority did not pass information to them.

10.4 There were also indications, mentioned in the sections specific to the public sector below, that knowledge of internal practices and procedures was patchy and at times non-existent. The lack of awareness regarding these internal practices and procedures was reflected in the fact that PSBs were often unable to provide data or information to researchers.

10.5 Responses rarely took Deafblind provision in account. This probably reflected the current reality of giving little consideration to provision for Deafblind people.

10.6 Similarly, PSBs, often still struggling to master the basics of providing TICS, were failing to provide more specialised TICS provision. Even translation as an issue was mentioned only on rare occasions.

General impression

10.7 PSBs able to provide precise data were the ones offering the best service. They were already aware of the TICS issues and what to review in their own service (PSB1). On the other hand, PSBs with “sketchy” statistical information to offer performed badly (PSB3).

10.8 Generally when a PSB mentioned that they could always fulfil TICS requests, they were not fully informed. They tended to rely on family and friends, and were unaware of

TICS issues, specific requests and so on. The PSBs demonstrating less confidence were actually more aware of the issues, more aware of difficulties and more self-critical (PSB4).

Low level of demand

10.9 Many services mentioned the low level of demand as a reason for not having all the information or pre-arranged provision in place. They relied instead, on *ad hoc* or informal solutions should the need arise.

10.10 The low incidence of requests for TICS was also given as a reason for accepting low qualifications. One PSB, for example, used cleaners and other in-house staff. (PSB57).

10.11 The use of family and friends to provide TICS played a significant part in helping to disguise actual need. Because this was an informal arrangement rather than a formal request and booking procedure, PSBs often did not include this provision in their calculations.

10.12 In addition, many PSBs were concerned that potential end-users were not being made sufficiently aware of the availability of TICS services. This could explain the low take-up of certain services, including “translation on request”.

Language

Language awareness

10.13 Some PSBs equated a country with a language (PSB2 & 3) which could lead to confusion regarding the language or dialect spoken. Lack of awareness of TICS issues stemmed from a lack of awareness of languages generally, but there was also a lack of awareness concerning skills of members of the interpreting profession. PSBs believed, for example, that someone with a Higher German qualification (PSB3) or BSL Level 1 could be used to interpret.

Language-specific comments

Gaelic

10.14 This research focused primarily on BSL and spoken languages used by other minorities, but not specifically on Gaelic. A few interviews addressed this issue, enough to dismantle a few myths. For instance, most Gaelic-speakers were based in the central belt rather than in the north of the country and the islands. Special circumstances did apply in some areas such as the Shetlands and the Western Isles. One informant reported that “Stornoway is a bilingual community in the sense that for 60% of its inhabitants, English is a 2nd language (with Gaelic first)”.

10.15 Although the Gaelic-speaking community was generally bilingual (with the exception of some elderly people), some people might wish to express themselves in Gaelic, as they felt more comfortable in this language. Gaelic might be the preferred language of older people,

but people suffering from certain illnesses (for example, dementia or following a stroke) might only be able to express themselves in their first-acquired language.

10.16 In some cases (justice), there was a clear inequality between Gaelic speakers and foreign language speakers since it has been a legal requirement from the 1960s-70s for Gaelic speakers to speak English in court (PSB80).

10.17 Gaelic should perhaps have been included specifically in the study but was treated in the same way as all other languages (except BSL). The study highlighted specific issues concerning geographical constraints, who to contact and qualifications in Gaelic.

10.18 One informant in Stornoway indicated that their organisation used a mixture of in-house provision and formal provision, as well as support from bilingual workers: “As regards Gaelic translation, there is a high proportion of staff with Gaelic, so they would deal with it. If documents needed to be done to a professional standard, they would have the documents proof-read by the council service, Chief Executive Office, translating facilities. Usually (nine times out of ten) (a Gaelic-speaker) can speak to a Gaelic-speaking member of staff at the reception desk. If not, the Library can call someone from the back office.” (Library, Western Isles).

British Sign Language

10.19 From the PSB perspective, BSL was often the “poor relation” of languages and was often forgotten by PSBs. For example in “alternative formats”, Braille and Large Print were mentioned, but not BSL video (PSB87). This was not always due to a lack of willingness (some PSBs took the idea on board), but simply because no one had not thought of it despite the existence of anti-terrorism guidelines in BSL video format provided by the UK government.

10.20 Paradoxically, the provision of standards was better for BSL, there was a register of BSL/English interpreters and a professional body recommending interpreting rates and monitoring registered members. This was often cited as a model for spoken languages.

10.21 TICS might be provided by in-house staff who had undergone a BSL course. Respondents often did not know the level of this but they assumed that this would be basic, or described as Level 1. The assumption was that this would be enough to interpret, or rather facilitate communication.

10.22 PSBs would mention a “loop system”, assuming this to be a solution for all Deaf people, including those who were profoundly deaf, did not use a hearing aid and used BSL. One PSB stated that there was “less BSL since there were limited resources and it was not taken seriously”. In another case, the GP relied on a family provider (i.e. a hearing mother interpreting for the rest of the family), whereas in spoken languages this was restricted to “if the family was happy”. This seemed to imply that spoken language speakers were asked if they were happy for a family member to interpret, whereas it was “taken for granted” for BSL.

Region-specific comments

Sighthill (Glasgow)

10.23 Because of circumstances, this area encountered the greatest quantity of need across the widest range of languages and dialects.

10.24 To an extent, “critical mass” has enabled certain TICS providers and PSBs in the area to build up expertise, but good practice across all public sector areas and departments was not always achieved.

Highlands and Islands

10.25 The more remote areas needed TICS as much as the densely populated inner-city areas.

10.26 One informant from Stornoway reported that there was a significant proportion of non-English-speaking people coming to work in the fish processing industry in summer. There were also tourists. Stornoway, for example, was both a cargo and cruise-ship port, with weekly influxes of visitors. People also came in to check e-mail. This implied a need for a range of languages.

10.27 The small Chinese community (catering industry) in the area used someone from the community to interpret.

10.28 The PSB used council staff for the most common spoken languages such as French, German and Spanish but had problems in meeting other requirements such as for East European languages.

10.29 One PSB responding from the Highlands and Islands (including the Shetlands) made the comment that policies were just “paper” and the real issue was the way that non-English-speaking people were dealt with. This respondent indicated that Deaf and hard of hearing people were the most common users of the service and the PSB staff “managed through writing and lipspeaking/reading”, although there “was some BSL” (presumably skills held by in-house staff).

10.30 This research did not find that written communication was used as a solution for people who preferred English (e.g. deafened or hard of hearing) or for those whose preferred language was BSL.

Justice

Police

10.31 The Association of Chief Police Officers Scotland (ACPOS) gave overall directions to police forces across Scotland, but each police force was autonomous and made its own decisions regarding the choice of providers, matching of interpreters, police checks, monitoring and guidelines. The Diversity Strategy was the only national guideline.

10.32 ACPOS was part of a working group with Scottish Court Service, the Crown Office Procurator Fiscal Service and the Scottish Prison Service. Respondents reported that some outcomes were expected from this justice working group which was working on a vetting system for new contracts, the harmonisation of fees and the setting up of standards and other issues.

10.33 It was reported that police forces faced a number of difficulties including the problem of the monitoring of quality, the problem of short notice for custody cases, and the problem of obtaining BSL interpreting. One police force also commented on the BSL retainer fee being requested.

10.34 As a result, the police and courts used local “interpreters” who were teachers or native-speakers of the language for non-criminal cases. The police did not know the qualifications of these providers and simply asked if they were fluent in the language on the booking form. The providers were paid the same fee as a professional interpreter (i.e. the national rate set by the Crown Office) and were used for non-criminal traffic issues or if someone was looking for help.

10.35 Some respondents showed awareness of current TICS issues. They realised, for example, that telephone interpreting was not a panacea and that the reliance on friends and family was too heavy. Their knowledge of spoken languages was better than their understanding of BSL and Deafblind communication support, especially regarding qualifications.

Courts

Interpreting

10.36 The Crown Office Procurator Fiscal Service had drafted an internal document setting out guidelines for interpreting, but this did not eliminate all uncertainty amongst respondents. For example, one respondent was uncertain whether the possibility of having an interpreter was communicated in the letter to the accused (the “complaint”) sent by the procurator fiscal. A pro forma document was attached to this letter which gave information on what the accused should do, based on the 1996 Act of Adjournal. Since all letters were sent in English, the issue of how the accused was made aware that an interpreter could be organised was also raised. There was no proactive advice given to solicitors.

10.37 The police, the procurator fiscal or the defence agent were the parties responsible for advising that an interpreter was required for court or referring on this information.

Occasionally, however, this information was not passed on, the wrong information was transmitted or the information was received too close to the date of the trial.

10.38 Respondents were generally clear that it was the duty of the police to organise an interpreter for the first appearance in court (from custody) made by an accused. Similarly, they were clear that the same interpreter must not normally be used for initial police interpreting, and for diet and court appearances. The reason given was that the interpreter used by the police was a witness.

10.39 There were exceptions to this rule. It might be impossible to book a different interpreter at short notice in the case of the first appearance in court next day from custody. It might also be impossible to book a different interpreter in the case of rare languages because no other appropriate and approved provider might be available in Scotland and because interpreters tended not to be sourced south of the Border.

10.40 Disclosing the accused person's name to the agency when booking an interpreter was not handled consistently although there were strong practical reasons for doing this. It would help to avoid booking the same interpreter and would enable the interpreter to disclose whether they knew the accused.

10.41 As described above, the same interpreter should not be used by police and the court service, but sometimes defence lawyers were permitted to use the interpreter booked by the court to hold discussions with their client. The use of the interpreter by the defence lawyer could give rise to concerns regarding possible collusion and the allocation of costs. It could also lead to inadvertent errors on the part of the interpreter since they would have become privy to certain pieces of information.

Translation

10.42 The procedures relating to interpreting in this public service area were generally well understood. It was apparent, however, that the Scottish Court Service guidelines on translation were not universally known and were not applied to the documents which the accused should hear or read in court. It was expected that the "interpreter would act as a translator". The interpreter would normally expect to sight-translate certain documents in court and should be given an opportunity to read and prepare the documents before the start of the trial. If documents were especially complex or technical, it would be more appropriate for these documents to be translated into a written version in advance, but many interpreters would not have the skills required to undertake technical translation.

10.43 The general view expressed was that translation was not the responsibility of the court, but rather that of the defence solicitors (PSB50).

Focus of provision

10.44 The provision of TICS for witnesses and victims received virtually no mention and there was no mention at all of provision for close family members of victims (e.g. murder victims). The main focus was almost exclusively on provision for the accused.

10.45 The issue of matching the interpreter was raised in connection with victims. Procurators fiscal expected Victim Information and Advice (VIA) to recommend a particular gender according to the “Victim Impact Situation”. The police recommended whether a case should be referred to VIA; then VIA contacted the victim and advised the Procurator Fiscal. It was compulsory to consider referral to VIA at an early stage, even in custody cases.

Quality assurance

10.46 Respondents mentioned a number of issues relating to quality assurance. Qualifications were not checked before a case, but were filled in afterwards on the monitoring form. Although these monitoring forms were the only form of quality control, they were apparently not used in all courts. As the interpreter for the accused was arranged by the Scottish Court Service while the interpreters for any witnesses for the prosecution were arranged by the procurator fiscal service, one procurator fiscal (PSB80) suggested that if the interpreter for the witness was inadequate, it would be mentioned by the accused’s interpreter or the accused. Furthermore, the same respondent believed that the accused’s legal representative would have instructed him/her to do so.

10.47 There was also some discussion about whether the extended recording or filming of court appearances, especially in cases involving BSL was envisaged as part of a monitoring process. This would make it possible to obtain a transcription of what was actually said and what was actually translated. At present, what is said by interpreters is not normally captured in any recording. If the transcription of the hearing were available to the accused, it might then be asked to be made available in the accused’s own language.

Trends

10.48 Some respondents found it difficult to comment about changes and trends over the last few years. This was because the responsibility for interpreters for the accused had transferred from the procurator fiscal to the Scottish Court Service.

Budgeting

10.49 Respondents were clear that, as far as interpreting was concerned, there were no budget constraints. Without exception, they mentioned that it was their duty to provide interpreting support.

10.50 One respondent commented that, as PSBs in the justice sector were under an obligation to provide interpreters, it was lucky that they had not been “held to ransom by agencies” (R11).

Summary

10.51 Respondents from the Scottish Court Service and the Crown Office Procurator Fiscal Service demonstrated that they were good providers, were aware of issues and were working on problem areas with other justice agencies for consistency of approach. These areas included the vetting of interpreters, quality monitoring and standardisation of fees. They were also in contact with a research and training establishment. In-depth guidelines were given to districts, although unfortunately the list of TICS providers was not up to date.

10.52 In the past, problems had been linked to low take-up of TICS services, so people were not used to them. People were now more familiar with the system and were using it so the system needed to be refined. This had led to the establishment of the Working Group on Interpreting and Translation (WGIT). This aimed to align the spoken language situation with the way that BSL was regulated, with an established register of interpreters and minimum qualifications. (R11).

Law Society

10.53 A respondent speaking on behalf of the Law Society was not aware of any formal guidance issued by The Law Society at the time of the study with regard to interpreting and translating. The Society was working with the Crown Office and other agencies and it was possible that the Society might publish guidance as a result of this exercise.

10.54 This respondent reported that the instruction of interpreters was carried out by individual solicitors' firms and not done centrally. As far as the respondent was aware, there was no single recommended provider. Solicitors were free to instruct whichever TICS providers they wished.

10.55 Payment depended on whether the client was legally aided or paying the solicitor privately. "If legally aided, the Scottish Legal Aid Board would pay the costs. If privately funded, the client would pay the costs."

Prisons

10.56 At the time of interview (December 2004) it was reported that the Race Relations policy, dating back to 2002, was to be updated. This would incorporate information about interpreting arrangements, including guidelines on how to use interpreters, telephone interpreting arrangements, and complaints regarding interpreting (R11).

10.57 The situation across the prison service varied widely. One of the busiest prisons was often cited as an example of good practice, but another prison which was just as busy was not mentioned at all.

Awareness of need

10.58 The moment of the prisoner's arrival at the prison was one of the times of greatest weakness. There was little communication between other services in the justice sector and

the prison service, generally with no advice or referral from either the police or the courts (PSB71). As a result, a prison would only become aware of an interpreting need when the prisoner arrived in the reception area (PSB17). As the police could turn up with large groups of prisoners, between 20 and 30 at a time, this issue was reported as being a central concern “as soon as staff became aware that there was a need” (PSB46).

10.59 The need for an interpreter was decided by a member of staff and was apparently based on whether the person understood no English, or had a limited command of the language. It was unclear how objective this decision was and what the criteria were for making it. One respondent reported that if the person had “broken English” it was acceptable to wait 3 days, if an interpreter could not be obtained on the same day (PSB71).

10.60 An excuse given for the lack of support was that there was little need. This was because the non-English speaking inmates (generally illegal immigrants awaiting deportation) would be gone within a week. Another reason given was that the BSL users “could read, write and lip-read”.

10.61 There was further evidence of lack of understanding of need on the part of PSBs in the prison service. There was no knowledge regarding communication support. Respondents were also unable to identify the languages or dialects spoken by inmates. For example, one respondent mentioned an inmate who was an Iraqi national. The prison used his family to interpret and could only state that he used “some form of Russian” (PSB71).

Addressing need

10.62 Ways of addressing an identified interpreting need varied greatly. Most respondents reported that requests for support were fulfilled all the time, with no difficulty at all. Achieving this, however, meant using family and friends and other volunteers. One respondent reported feeling helpless and resorting to “whatever resources were available” or “whoever could help”, even in one case using someone as an interpreter so that he could practise his second language (PSB44). Generally there was an over-reliance on in-house staff, family, friends and members of religious communities and on anyone who could help. The students or staff in universities were also contacted as providers. The university staff might be language-teaching staff, or people training in interpreting, but could come from other disciplines.

10.63 When an institution used no in-house staff, the main reason was simply that there was no one available who spoke another language. In other cases, the interpreting need of BSL users might be met by staff who were children of Deaf adults (CODA) and who had learned BSL at home (PSB46). Even when the use of in-house staff was set out in policy, no checks were conducted on their proficiency level.

10.64 Staff and family and friends were generally used in informal situations, and also for urgent situations, even when a telephone interpreting provider was accessible. Although there were Scottish Prison Service guidelines for users, covering telephone interpreting, for example, these were often not taken up by public sector bodies.

10.65 All too often, prisons called on volunteers. One of the reasons suggested for this was because it was not known who was responsible for paying for TICS support. Another

respondent suggested that cost considerations as well as practical reasons made it necessary to use informal TICS support.

Awareness of TICS services

10.66 There was also a lack of knowledge of formal TICS services in this public service area. None of the respondents knew of any register of TICS providers. They did not use communication support and had no knowledge of Deafblind Scotland. If there was a need, respondents would inquire of the prison's health centre or headquarters, or contact RNIB or RNID.

10.67 As regards formal TICS provision, PSBs commented on the lack of resources and stated that obtaining formal provision was not practical. It was not surprising that the matching of interpreters occurred only in very rare cases, as priority was given to the language. Even in health visit cases, there was no attempt to match the interpreter (PSB46, 44).

10.68 Respondents had no information regarding the qualifications held by interpreters, although it was suggested that the procurement department might have more information. One respondent, however, felt confident about police checks and stated that all interpreters had been checked by Disclosure Scotland. The only real certainty could be about the council ITS as a provider.

10.69 The provision of written material was patchy. Some documents had been translated but were not available in all languages. Presentation was poor. Some, documents were not typed up, but "looked very amateur" (PSB44) even when an agency was among the TICS providers.

10.70 Even documents connected with the Racial Complaints procedure, such as complaint forms, rules and regulations, were only available in English. If an inmate were to write in his/her language, it was not clear whether this would be translated for the institution or Scottish Prison Service so that action could be taken.

10.71 On a more positive note, one respondent (PSB71) had obtained translated documents of prison rules from the Scottish Prison Service College in Arabic, Chinese, French, Punjabi, Spanish and Urdu.

Health

10.72 In the health sector in general, the assumption was that the end-user needed an interpreter to understand only what the PSB said. In fact, consultations involve two-way communication. What was often forgotten was that patients also needed to communicate and that the interpreter also provided a service to the doctor or service provider (ex PSB33).

10.73 A number of PSBs (R1/2, 4 and 10) indicated that there was good practice in place regarding TICS, or a move towards good practice. One of these respondents reported providing a positive service since the implementation of an Action Plan with a specific section on translating and interpreting services. A second respondent reported that following

a review for the whole health authority a recent decision had been made that covered primary care and the board looking at TICS issues. Another respondent indicated that an Action Plan just been produced with many future developments, including a new interpreter “orientation or induction” session. This gave the interpreters a basic knowledge of the surgical environment and let the PSB know if the interpreter had an aversion to blood. Yet another respondent reported that it was an incredibly busy service. There was provision in place and a knowledge of TICS issues and matters were moving forward. Their planning had reached the stage of wanting to co-ordinate spoken and sign language provision. The situation at the time of the study (November 2004) was that each section (4 sections plus the board) had its own arrangements in place so there was a lack of consistency in approach.

10.74 Some PSBs were willing to acknowledge their weaknesses. These included needing help, direction and advice in areas such as qualifications. They also needed to address practical issues such as training, funding and out-of-hours services. One respondent in a more remote area commented that BSL was further ahead than spoken languages and the issue for them was “how to improve something which did not yet exist”. They needed to strike a balance between providing a service straightaway (albeit not a quality service) and introducing something perfect with in-built quality checks, but which would only be available much later. The PSB warned that developments of this kind took time.

10.75 Some PSBs also admitted depending too much on informal interpreting provided by family or in-house staff (even staff with a very basic level of language competence e.g. BSL 1), as well as relying too much on writing things down with D/deaf clients. In spite of this, one respondent had not used telephone interpreting.

10.76 One rural service, suffering from huge geographic constraints and faced with demands for a wide variety of languages, admitted to relying on good will and confessed that there were shortfalls in service provision. The same service also pointed to progress, stating that they were looking at the training of in-house providers and had already made improvements regarding BSL provision. There were still problems concerning “black and minority ethnic languages”. This was because the PSB had to rely on freelance providers since there was no single central provider. A further difficulty was that there was no standard agreement with interpreters and no quality or qualifications checks.

10.77 PSBs in the health sector indicated a degree of conflict or disagreement between themselves and the local council ITS (described by one as a “bad relationship and miscommunication”). One of the main reasons for this was the use of telephone interpreting. Two respondents reported that the local council ITS was opposed to their using telephone interpreting as this represented lost revenue for the ITS. In trying to meet the needs of all clients, the PSB had found that telephone interpreting helped.

10.78 The second reason related to the booking of interpreters through the council ITS without prior agreement from the PSB. This was because the respondent had given the name of the patient to interpreters so that they knew who to meet and so that they could build up a rapport before going into the appointment.

10.79 An issue raised was whether interpreters should meet with end-users without PSB supervision.

10.80 There were other challenges faced by PSBs. One respondent commented that as there was a reception centre at Dungavel, there were issues relating to escorts.

10.81 Another respondent (R4) indicated that the new big languages were the east European languages: Latvian, Lithuanian, Polish and Romanian.

Primary Care: Dentists and General Practitioners

10.82 There was a widespread lack of knowledge of providers in the primary care sector because provision was organised by the health authority. Contact with TICS was commonly made through the NHS (PSB61). Patients would also arrive with their own interpreter. One primary care respondent replied that they would not know where to start if they had to contact TICS themselves, but knew that they did not want to use relatives. Ideally, one surgery wanted to turn to the NHS body in their area to organise provision (following legislation), but had not found this body to be of any help.

Practice procedures

10.83 Procedures within practices displayed great variability. Some practices showed no awareness of procedures (one respondent stated that s/he would need to check with the doctor whom to contact). Other surgeries were clear about procedures. One office manager advised that they sourced interpreter services from the Deaf Society in their particular area (for d/Deaf people) and Deafblind Scotland (for Deafblind people). The area Race Equality Council was their source for foreign language interpreters, but this was less satisfactory as these would be volunteers. They also subscribed to a telephone interpreting service.

10.84 Another respondent reported that the GP's Surgery contacted the TICS provider (BSL) directly, although patients made their own arrangements with the interpreter for the second appointment.

10.85 Another surgery reported that patients contacted interpreters themselves (for both spoken languages and BSL) from the initial appointment and that the patients seemed to know those interpreters that were approved by the Council. The respondent added that it would be difficult to co-ordinate diaries any other way.

10.86 It is perhaps important to note that, in one area, 2 out of 3 surgeries contacted refused to take part in the study, all giving lack of time as the reason. The third surgery was willing to take part, but could not spare the time at that moment.

10.87 Even in a city like Glasgow, PSB respondents reported that most of the TICS support was provided by family members. One respondent (PSB23) reported that they never organised TICS, but relied totally on family to provide support.

10.88 It was reported that sometimes the patients themselves were used to interpret, usually children interpreting for their parents (PSB69).

10.89 One respondent had a Deafblind patient who came to appointments accompanied by their carer. The respondent had been told that interpreting was part of the carer's contract as

arranged with the social work department and that the same system applied in all 32 councils. As a result, the respondent wondered what the use of Deafblind Scotland was.

10.90 In some cases the patients themselves took the initiative and arrived accompanied by a professional interpreter. One respondent reported that this was what usually happened with d/Deaf patients but that provision could be organised by the GP.

10.91 The majority of Primary Care respondents stated that they would be guided more by the patient's instructions as to whether it was appropriate or not to use family members to interpret rather than by any other considerations. Concerns raised by this response related to how the question would be put to the patient, since the family member might not translate the query, and how the patient could respond honestly about their preferences without offending the family member who was actually interpreting.

Quality concerns

10.92 PSBs expressed a general concern regarding the quality of interpreting. They felt that the interpreter was "not always relaying all that was said" and at times "acted on behalf of the client". The danger was that the view of the family member about what was in the best interests of the patient might not match the views of the patient, if the latter were given full access to information and professional support.

10.93 In the case of formal interpreting provision, no surgery reported carrying out checks on interpreters' qualifications. Practice managers assumed that this was done by the health authority. The health authority in its turn often assumed that the TICS provider was carrying out these checks. One surgery did comment that if a patient arrived with an interpreter whose name they did not know, they would check the interpreter's registration status with the Council.

10.94 There was a clear contradiction between the expectations of PSBs and the actual situation they accepted or even encouraged. They mentioned extremely high expectations of professional interpreters - the "highest qualifications" and "medical training" - but they were happy to use family members to provide an informal service (PSB69).

Matching interpreters

10.95 Inevitably, in such circumstances there was little matching of interpreters to end-users. When this occurred it was usually at the request of the patient. Generally, when booking formal provision, TICS were not given enough information to enable them to consider matching. In some cases, as booking was done through a third party (Trust/Healthboard) over the phone, information was not relayed properly, if at all (PSB69 and others).

10.96 The lack of information also meant it was difficult for interpreters to make advance preparations. In the course of a consultation, interpreters might be asked to sight-translate a consent form, but a copy could not be retained for reference. It was reported, however, that since 1 September 2004, translations in 10 languages were now available through the medical directorate.

Communication issues

10.97 Communicating information seemed to be a problem at all levels. Respondents in primary care considered there was a lack of communication and stated that they had been given no information by management on RRAA or best practice (PSB23). At the other end of the chain, there were very sketchy procedures in place for making the public and end-users aware of TICS. Respondents said they would “mention (TICS) to the patient if they did not speak English”, but the procedure for communicating this to someone who did not speak English remained vague. Few practices had a languages chart. Overall, practices in contact with a telephone interpreting provider were better equipped and had a strategy for identifying the language spoken. Generally, the availability of formal TICS was probably not indicated as a matter of course to patients when they were accompanied by a relative who could facilitate communication.

Funding constraints

10.98 Funding or costs were not mentioned by any respondent as an issue nor as providing a constraint which would explain the reliance on family or volunteers. Although general practitioners paid interpreting costs, these were refunded to their practice by the regional NHS.

10.99 Information from a Deaf Society (which also provided an interpreting service) indicated that the majority of GPs currently recognised the value of working through a professional interpreter, with occasional exceptions among older GPs who argued that they had “managed for years by writing things down and speaking slowly”.

Hospitals

10.100 Even when aiming to conduct interviews at grassroots levels, the research team rarely managed to speak to someone from a particular hospital (with the exception of PSB38), but were generally referred to the central department for the acute section (PSB66) or to the whole board.

Accident & Emergency

10.101 Obviously there were certain restrictions as regards TICS within an emergency service. The person might be unconscious, there could be difficulties involved in identifying the language and there was often not much time to get an interpreter. Consequently, use was made of telephone interpreting services, but the vast majority of TICS services were provided by family and friends (PSB38).

Audiology

10.102 One respondent located in a rural area (PSB57) reported a total lack of TICS services and of information, but, in contrast, reported that there was no lack of good will in the form of informal and volunteer support.

Maternity

10.103 There were issues regarding payment of interpreters in the case of non-residents. There was also uncertainty about classifying non-residents and whether to incorporate all foreign nationals, including visitors and tourists, in this category.

10.104 The cost of TICS was borne by the health service if the patient was a student or the spouse of a student up to one month following the course of study. After that the end user was liable for costs.

Council Services

Social Work

10.105 The amount of information available on guidelines, policies and best practice was inadequate. Respondents admitted that were not kept abreast of new developments and that there was a poor level of communication.

10.106 Procedures involved going through senior management which made these procedures long winded, complicated and lengthy (PSB81, 82).

10.107 There were issues about who was responsible for paying for services (PSB81).

10.108 All respondents used family and friends to provide TICS services.

10.109 The only reason given by some PSBs for not using in-house staff to provide TICS services was that they were unaware of anyone trained in languages (PSB83). Inadequacy of in-house staff to provide this service was mentioned only by a few (PSB82).

10.110 Lack of impartiality was cited as a reason for not using family and friends, but this was not mentioned in relation to using in-house staff.

10.111 Matching of interpreters to end-users was poor and took place in response to a client's specific request.

10.112 The remit of one particular PSB meant that they worked with TICS providers only for sensory impairment. They maintained good links with providers and there were no problems with the services provided. They were aware, however, that they might not be reaching all concerned individuals and that they should be promoting services better.

10.113 This PSB highlighted the new developments in connection with the Direct Payment Act which enabled end-users to manage their own resources and to contact interpreters directly (R2).

10.114 Communication issues were "not social work issues", stressed one PSB, adding that it was "important to avoid creating dependency and to consider issues from the service user's perspective". The respondent who made this point also indicated that video-conferencing as a channel of communication (for BSL) had not been taken up, and there had been some abuse of resources, though by whom was not clarified.

Community Care

10.115 One example in this area of public services demonstrated a consistency of approach. All TICS services (spoken languages, sign language, Deafblind guide communicators) were treated equally and guidelines and contact details were all listed together. A Sensory Strategy Planning Policy was being developed by the respondent with guidance (at the draft stage in November 2004) produced by the council ITS (R4).

10.116 Provision was adequate, but improvements could still be made particularly as regards quality checks and monitoring.

10.117 It was reported that there was very little demand for TICS services, and the respondent expressed concern that information was not getting through to potential end-users, predicting that there was a need for some “hard sell”.

Child Protection Team

10.118 One PSB reported that there was a high proportion of people (migrant workers) coming into the area (urban/rural) over the summer. The provision of TICS services in the area presented a major difficulty since the council was not very large. They could link in with a neighbouring city area, but this cost money and, moreover, the PSB needed authorisation from higher up in their organisation to do so. The impression given to researchers was that the PSB used council staff to interpret.

10.119 In forensic cases, it was possible for the PSB to use the police interpreting service, which used the neighbouring city’s council ITS.

10.120 Overall, there was no clear cut procedure regarding TICS. It was reported that the approach would depend on the language and on financial implications. The PSB was told to use the city council ITS, but in reality it was difficult to fund this use as there was no budget for TICS. They were a “transient team” or a “duty intake service”.

10.121 The case of a recent “messy dispute” was described to illustrate the difficulties encountered. In this case, an interpreter had been brought in by a Health Visitor and costs amounted to £3000 for interpreting, but responsibility for payment was an issue.

Education

10.122 One primary school respondent indicated that procedures were generally sketchy, varied widely and were often decided on a case by case basis, (PSB56).

10.123 The situation ranged from PSBs demonstrating lack of awareness of TICS issues, operating no quality control, carrying out no police checks and using family members (R5) to a PSB providing a good service and showing a high level of awareness and knowledge of TICS issues (R8).

10.124 There was one shortfall in the example of good service. The PSB stated that its remit did not include Deaf children so they had no information regarding BSL or Deafblind

support. As a result they failed to consider what happened regarding Deaf parents of hearing children at parents' evenings and enrolment.

10.125 In the best cases, there was a distinction made between formal and informal interpreting. For informal provision, schools used classroom assistants or bilingual support assistants for day to day communication with parents or grandparents (PSB56, PSB41) and council interpreting services for more formal or statutory provision (PSB56). The view was that this could be considered a good mixture of provision in the circumstances, as long as statutory communication was covered by professional providers.

10.126 Schools, even those demonstrating good practice, felt that they were not helped by their council (PSB56). One respondent stated that although no TICS system existed at the time of the interview (November 2004), it was not possible for them (in Education) to develop a system separate from the rest of the council.

Awareness of need

10.127 Generally, there was little circulation of information to inform people about the possibility of TICS, although there were pockets of good practice (e.g. PSB56). Even in good cases, where notices were posted, respondents were unsure whether the notices were in languages other than English. In areas where there was a large range of ethnic minority groups, decisions were needed on the languages to include in the information.

10.128 Enrolment was considered to be a crucial moment in the process since this was both the point at which language needs were identified and the time when schools could be advised of needs for interpreter matching. One PSB (PSB34) systematically asked about language needs at enrolment stage.

10.129 In the majority of cases, however, there was no language identification strategy. Schools relied on the English-speaking persons brought by the parents who might be the children themselves. One strategy was to show leaflets translated into various languages, but this was not without its problems as parents could sometimes feel insulted (PSB56).

Addressing need

10.130 Schools frequently relied on the Church community or family to help facilitate communication. One high school respondent indicated that this was their usual practice and added that they had no TICS agency contacts. There was regular mention of expressions such as "usually someone can translate within the family" (PSB34), although the use of children and parents might be reserved for non-statutory situations only.

10.131 Respondents reported having "no awareness of TICS" or "no access to professional interpreters" (PSB16). One respondent with access to interpreters reported satisfaction with the service provided by the council ITS.

10.132 There were difficulties connected with matching interpreters to the end-users, but one respondent, without providing further clarification, considered that this was necessary in education.

10.133 In the case of children of asylum seekers, the request would be channelled through one person, applying the same procedures consistently. All 26 primary school and 7 secondary schools in the area were aware of the system (R1/2).

10.134 Some respondents had to take budgetary considerations into account. One high school respondent (PSB16) reported that they “could not say no to anyone” as regards TICS services, so they “would have to pay for services” (or, it was assumed, rely on family and volunteers). Another did indicate, however, that there were contingency measures in place for when the budget was spent.

10.135 In other instances, institutions were simply unaware that they were failing to respond to requirements. For example, two high school respondents illustrated how the DDA and “reasonable adjustments” were only seen as relating to physical access (PSB16, PSB34) – failing to recognise that barriers to communication were also barriers to accessing public services. One of these respondents reported that they might have the SASLI directory, but they were not apparently using it to access any professional TICS services (PSB16).

10.136 Universities tended to have more contacts and more procedures in place for people with a visual impairment than for those with a hearing impairment. One “old” higher education institution indicated that there was no extra support for hearing impairment (PSB29). In addition, each university department was responsible for making its own arrangements. This service was not centralised in the institution responding (PSB29). Moreover, researchers were not aware of any networking between institutions, although it was likely that institutional special needs advisors would know of each other.

10.137 As regards the monitoring of quality and the checking of qualifications, almost all high school and primary school respondents mentioned that this was the council’s responsibility.

Translation issues

10.138 Respondents in this public service area made more mention of “translation” than respondents in any other area.

10.139 A branch of the Inspectorate for Education (HMIE) had visited schools and instructed that all documents were to be translated. Concerns were expressed over the cost implications and PSBs also expressed reservations regarding translation quality. The Scottish Executive had produced translated leaflets for parents, but it was reported that distribution had broken down. The recommendation was that translation should be done on request with a mention on documents that they could be obtained in other languages (R8).

10.140 Reacting to the issue of financial considerations, a nursery school respondent (PSB41) reported that “there was a general misconception that the service was costly” when it would have been “free for translations”. This was further evidence of the lack of internal information and communication.

10.141 Although there were benefits to be obtained through translating non-statutory communications, which would help to widen access, these were not always supported. One respondent (PSB56) had had problems funding a newsletter and school handbook which were

non-statutory communications. The council did not cover the costs of this project and the school had only a small budget.

10.142 A respondent in the Glasgow area (R1/2) reported a move away from written information to oral because of both the cost implications and issues related to literacy. On the same grounds, this respondent also recommended using focus groups rather than a consultation paper to collect information from the public.

Housing

10.143 Many people at policy level were contacted along with people at grassroots level. In one case, the respondent was not the scheduled respondent and did not have all information so might not have given a true reflection of the service. This respondent claimed that there was not a lot of demand for TICS, that there was little information on BSL and even less on Deafblind people (R10). Another respondent (PSB65) echoed the lack of data regarding Deaf people, believing there was no provider, and had no knowledge of any Deafblind provision.

10.144 The main languages required were listed as being Portuguese and Polish (R10).

10.145 One PSB had subscribed to a telephone interpreting service since July 2004, but had not used the service yet.

10.146 All the respondents in this service area used family and friends to provide communication support. One respondent indicated that they would use “whatever resources there were”. Most, but not all, said that they would not use family members to interpret confidential information. There was no mention of impartiality being compromised. In some cases, the clients themselves refused to use anyone other than family or friends.

10.147 The application form to be completed by clients was not translated into other languages (PSB65) and generally there was very little information about interpreting need or level of demand. For example, no firm information was available from the respondent about how the housing officer communicated when making a visit to a tenant’s home. The respondent assumed that the telephone interpreting service would be accessed from the tenant’s landline.

10.148 None of the respondents had any knowledge of TICS qualifications although a few said they expected interpreters to be fully qualified or trained. Checking of qualifications was not done by any of the services themselves. All the respondents assumed this was done by their council corporate services.

Local Authorities/Services

10.149 A wide variety of services was included under this heading. They included libraries, local authority offices, and the service aspect of social work.

10.150 None of the respondents mentioned Deafblind people. Compared to other areas of public service, respondents were the least knowledgeable about TICS services, with one notable exception - a library provider in Glasgow.

10.151 Libraries were at various stages of addressing need. One library was in the process of getting signage translated, but very few information documents had been translated.

10.152 Recommendations were made regarding access to information. It was mentioned that poor literacy skills meant that written documents were not accessible for many people. Taped versions were recommended for people with visual impairments, but it was pointed out that an asylum seeker or refugee might not have the equipment to play a tape. It was suggested that there could be provision in central community meeting places.

10.153 The issue of “upon request” translations against “already translated” material was raised. More costs were associated with the latter, but it was suggested that suitable materials could be lent out for a period.

Employment

10.154 Employment policy was not a devolved matter, although there were region-based districts. The Department of Work and Pensions (DWP) had a contract with one of the telephone interpreting services. This service was considered to be the only professional provision over the telephone available.

10.155 Respondents in the service area also used in-house staff and family and friends to a great extent. National Insurance interviews (one hour long) were conducted through family and friends (PSB3). One respondent (PSB20) mentioned that using the informal provision of family or friends was the family’s choice and that they preferred having their family interpreting to using the telephone, which could be “stilted”.

10.156 Most respondents said that 9 out of every 10 requests for TICS were satisfied. They included in this figure provision by all, whether formal professional interpreters or informal provision through family and friends or anyone who “understood and could speak the lingo”.

10.157 There was no gender matching. “If a female person was not comfortable with men, she would have a male companion with her anyway; if a man was a misogynist, he would be reminded of our equal society” was one comment. Most respondents mentioned they would respect a client’s request, but failed to explain how they would communicate this before an interpreter was booked. One respondent claimed that the telephone interpreting provider phoned the interviewee in advance of the appointment for information, but this would not be applicable when using telephone interpreting as an “instant” solution.

10.158 There were very few instances of communication support. Braille and alternate formats could be obtained centrally, so the branch did not source providers.

10.159 Respondents were unfamiliar with interpreting qualifications, with one exception, when the PSB expected the interpreter to have the DPSI. Generally they trusted their telephone interpreting provider.

10.160 Individual offices did not check interpreters’ qualifications, but assumed this was done at a corporate level. This could cover suppliers working for the telephone interpreting provider, but would not include the other providers.

10.161 Monitoring of interpreting involved “looking at the client”. If there were any complaints these would be passed on. The respondent, however, did not clarify how exactly the feedback would be obtained.

10.162 Respondents were able to use the intranet or liaise with other people from their district such as other Disability Employment Advisors. There was almost total ignorance on the part of respondents regarding the STIC forum guidelines or issues relating to translation and interpreting.

Immigration

10.163 This respondent provided services for asylum seekers. There was no provision made for Deaf people or for people with a hearing impairment and there was little provision for people with a visual impairment. Spoken languages appeared to be well covered.

10.164 In the vast majority of cases, the council ITS was used. The booking form, devised by the council ITS, only allowed for “gender” to be indicated as a criterion for matching the interpreter to the end-user. Overall, there seemed to be a low level of unmet demand for TICS. The practice was that if an interpreter was not available, the appointment time would be re-arranged. This was an uncommon occurrence, however, as language skills were part of the criteria for the recruitment of staff (R1). It was not clarified whether these staff would work in their other language to interact directly with the end-user or act as interpreter for another colleague.

10.165 Interpreters were not at the asylum seeker’s point of arrival in Glasgow since asylum seekers might not turn up and usually “just want to go and rest”. A project officer met the asylum seekers, gave them a translation pack and took them to their accommodation. An interpreter would meet the asylum seeker within 24 to 48 hours.

10.166 There were ongoing developments. For example, the PSB was planning to increase the number of languages offered by the Asylum Seeker Phoneline. The Welcome Pack was also being reviewed. There was uncertainty about the future, however, as the PSB’s contract with Home Office was due to end in March 2005.

Conclusions

Information about the services requested of formal TICS providers

10.167 The largest demand for services requested of TICS was for face-to-face interpreting involving spoken languages, followed by BSL.

10.168 The use of telephone interpreting was expanding. It operated as a back-up solution when there was unplanned or urgent interpreting need or when the language could not be sourced locally. It was currently used by virtually all PSBs requiring interpreting in spoken languages and, on occasion, was the first type of formal interpreting introduced to replace previous informal solutions.

10.169 The provision of interpreting by video-conferencing for BSL had been tried but had not yet been successfully proved. It had also been piloted in a particular area (H) for a spoken language and was being introduced to another (SW).

10.170 Mention of TICS for Deafblind people remained rare, even among those PSBs demonstrating good practice in SL and BSL. Communication support generally was not much in demand, but consideration was being given to literacy issues by some PSBs.

10.171 Although some PSBs focused exclusively on spoken language services and others on BSL, the majority were requesting TICS services to cover both. A number of PSBs no longer wanted provision to be split but for the two to be provided through the same procedural channel or by the same provider.

10.172 There was also a natural “blurring” of the traditional division occurring. PSBs had, on rare occasions, sought TICS for people in “foreign” sign languages or communication support for people with visual impairments speaking a “foreign” language.

10.173 Compared with interpreting, there was much less demand for translation work. This was partly driven by the more urgent need to communicate with the person who was physically present and required to interact with the service. Translation was also perceived as expensive. Another reason was that translation was often available “on request”, but the public and the end-user were unaware of this service or the range of material available.

10.174 PSBs were beginning to address the need for material translated into BSL and available on video or DVD.

10.175 Requests were also being made for TICS in an ever-growing range of languages and dialects. Heritage languages such as Gaelic were requested, as well as the traditional community languages of Bengali, Cantonese, Punjabi and Urdu. European languages (French, Spanish and Portuguese) were more frequently requested, though not always for end-users from EU countries. More recently, there had been a growing demand for east European languages such as Polish, Romanian etc. There were also occasional requests for foreign sign languages. Generally, there was an increase in the frequency of requests for rarer languages or dialects although only a very few people might need this TICS support. Requests could be made for over 100 languages and dialects.

10.176 One fundamental service requested from TICS providers was the identification of the language or dialect required.

10.177 TICS expertise was also in demand. PSBs turned to their TICS providers when they needed advice or help regarding TICS, language or cultural related issues.

10.178 If the demand for TICS is viewed as a pyramid, PSBs were at the stage of addressing the tip which was the most obvious and the highest level of need. Most had not really started to address the wider range of needs or the more specialised aspects.

Information about the organisations/individuals contacted/used to provide formal TICS services.

10.179 PSBs primarily turned to the local council ITS for spoken language provision and for BSL services if these were provided by the council. Lists of freelance interpreters were also used in certain geographic or public service areas. The majority of PSBs had an agreement with one or two of the three main telephone interpreting services, all of which were based outside Scotland. Otherwise, for spoken languages, PSBs contacted commercial TICS agencies.

10.180 Commercial concerns also informed council ITS to an extent. Consequently, some PSBs reported that there had been friction between them and a council ITS because the PSBs had used a telephone interpreting service, rather than turning to the council ITS.

10.181 PSBs frequently contacted SASLI³¹ as a central point for BSL provision and other communication support for Deaf people, or they would be referred on to SASLI. For certain types of communication support, SASLI would refer PSBs on to other organisations. Alternatively, PSBs might contact the “Deaf Society” in their area, which often housed an interpreting agency, or another similar organisation. Generally the TICS providers contacted were not-for-profit organisations or charities. Commercially-focused agencies providing BSL had only started to emerge comparatively recently.

10.182 PSBs with little awareness would tend to contact an organisation with “deaf” in its title rather than one with “interpreting”.

10.183 At the time of the study, it was extremely rare for any PSB to source its spoken language and BSL TICS services from the same provider. Commercial agencies, on the other hand, that provide spoken languages are increasingly considering including BSL as one of the languages on their books.

10.184 Requests for TICS for Deafblind people were usually directed towards either Deafblind Scotland or a charitable organisation such as RNIB. Most PSBs were uncertain who to contact.

Information on the expected level of training and experience of those paid to provide interpreting/translating services

10.185 Informed PSBs usually expected BSL interpreters to be registered with SASLI and, less frequently, spoken language interpreters to have the DPSI. There was generally little awareness of possible qualifications and training that TICS providers might have. Instead, PSBs expressed a general preference for “a high level of qualifications”. The bodies which had the greatest level of understanding of TICS qualifications tended to be the courts, followed by the police.

10.186 Some PSBs were very clear that they wanted TICS providers to have experience in their area. This was particularly true of the courts, the police and to a lesser degree some parts of the health sector, such as mental health and some acute care sections. Although not necessarily true of the whole sector, some of these bodies, or at least some representatives within them, worked with interpreters to enable them to gain experience. They offered

³¹ SASLI has ceased to function as an agency (2005), but rather, as the professional interpreting body, it is now accrediting approved agencies

training or induction sessions and developed guidelines or codes of practice specific to their area.

The practices relating to managing requests for interpreting/translating services

10.187 In some public service areas, (prisons, primary care, etc.) or sections within them, there were no discernible pattern of practices for managing requests for interpreting and translating services. Instead, staff reacted in an *ad hoc* manner, using “whatever resources were to hand”. This often included informal provision.

10.188 In many public sector areas there was a mixture of practices. Overall, this was generally poor but there were some pockets of better practice and in primary care, for example, some that was extremely good.

10.189 A growing number of PSBs were starting to realise that there needed to be improvements. This was true in the acute care health sector, education and elsewhere, but in some areas or sections the actual planning and developments taking place at higher levels of management still had to percolate down to grassroots levels. There were frequent complaints about the level of communication regarding TICS within PSBs.

10.190 There were occasional examples of good practice, in the courts and Procurator Fiscal Service, for example, which also fed through to organisations working upstream, such as the police.

10.191 Many departments or PSBs still felt confused and uncertain regarding practices and procedures. They recommended the setting up of a clear central point for booking TICS or for seeking advice, either within the PSB or in the region or in the country as a whole. They also wanted their PSB to provide them with clear guidelines and training.

10.192 In general there were no coherent and up-to-date practices across all the public services. There were particular shortfalls regarding:

- TICS providers (contacts, up-to-date lists, etc.)
- the identification and recording of clients and patients’ needs
- the transfer of information between organisations or departments when a person was referred
- recording of TICS provision

Forms of TICS provision and the reasons for using different approaches

10.193 TICS provision ranged from informal provision via friends and family of the client/customer to formal translators/interpreters.

10.194 Family, friends, members of the local community and churches and volunteers, as well as staff from local schools and universities, were used almost without exception across all PSBs. This informal approach was extremely rare in police and court settings, especially in criminal cases and for suspects and accused. At the other end of the scale, some PSBs relied almost exclusively on this type of support.

10.195 This style of support occurred for a number of reasons or combination of reasons):

- the client brought someone with them and in some cases preferred to use this person
- it was an easy and immediate solution
- it was “cheap”
- the PSB did not know what else to do
- there was a very low level of demand
- little or no knowledge of the skills required to interpret

10.196 PSBs were becoming increasingly aware that this informal style of provision was not the right approach. Some PSBs were conscious of issues relating to language and interpreting skills, such as accuracy and completeness of the information, as well as issues of confidentiality and impartiality, usually a bias towards the non-English speaking user.

The extent to which in-house staff were used to provide TICS and the practices surrounding this type of support varied in different service settings and in different localities.

10.197 In-house staff were also used frequently, but only when someone in the organisation possessed the necessary language skills. The main reasons for using in-house staff were:

- they were on the spot and could provide an instant service, especially in urgent situations or when there had been no warning
- they had knowledge of the PSB and its specialist field (e.g. medicine)
- sometimes they were already employed as bilingual workers
- occasionally they were actually trained in interpreting and employed in this capacity as part of their remit (usually true of BSL)

10.198 PSBs were aware that in-house staff might lack language competence in one of their languages, and certainly might have poor interpreting or translating skills. There were also difficulties with a conflict of “roles” for the in-house member of staff and with impartiality shown by an actual or perceived bias towards the PSB.

10.199 The use of formal TICS seemed to be increasing, starting with telephone interpreting. PSBs were starting to be more aware of the skills required by interpreters and of ethical considerations such as confidentiality, impartiality, etc.

10.200 There was an expectation that “informal” interpreting would be more common in remote and rural areas than in urban areas and this was true to an extent. Extensive use of informal provision and provision by in-house staff was not exclusive to remote and rural areas, but also occurred in busy urban centres such as Glasgow.

10.201 The deciding factor seemed to be the level of demand rather than the locality. The availability of telephone interpreting meant that locality was less important. Where there were very low levels of demand, informal TICS would be a more or less frequent occurrence.

10.202 Even in areas where formal provision would normally be available and organised, informal provision by family or in-house staff might be resorted to or “forced on” the PSB for several reasons, mainly:

- emergency
- explicit request by client
- short notice
- very rare language or dialect
- interpreter not available (especially if a single provider)
- initial meeting (often unplanned)

10.203 Although costs were a concern for most PSBs since they had a bearing on the amount of translation they might commission, these considerations or lack of funding were rarely given as reasons for using informal TICS provision.

The relative importance placed on assuring quality/safety of the interpreters/translators used

10.204 Few PSBs assumed full responsibility for verifying the qualifications of TICS providers or investigating whether police checks had been done. The courts were an exception to this rule and were working towards a system for assessing or evaluating new interpreters and the monitoring of interpreters.

10.205 As a general rule, PSBs relied on the TICS providers to conduct checks on interpreters’ qualifications and quality of work.

10.206 PSBs would be less likely to be familiar with:

- the quality requirements applied by the Council ITS or telephone interpreting service they worked with
- an approved list of freelance suppliers, such as council-approved suppliers
- a central register of competent professionals, most commonly the SASLI register of BSL/English interpreters

10.207 PSBs also relied on TICS providers to ensure Disclosure Scotland procedures had been carried out. A number of PSBs had expressed strong concerns that this was essential in the cases where interpreters worked with children and vulnerable people. Sometimes PSBs asked the TICS provider, such as the council ITS, for assurance that checks had been done, sometimes it was just presumed that checks had been carried out “because the police also used the list of freelancers”.

Recommendations expressed by PSBs

Views on the actions required to improve the provision of TICS in Scotland.

General public or end-users

10.208 Recommendations included:

- raising awareness of the TICS services available
- publicising the availability of translated material “on request”

Public services

10.209 Recommendations included:

- sorting out the communication gaps within PSBs
- higher levels of management needed to pass down information regarding developments, new policies and guidelines regarding practices and procedures
- information regarding the TICS needs of people being referred needed to be passed downstream (primary to acute sector in health)
- raising awareness of TICS within the PSB
- networking among PSBs to share problems, solutions and good practice
- building up a bank of “texts already translated” for example, in health

TICS providers

10.210 Recommendations included:

- increasing the numbers of interpreters (including BSL)
- locally sourcing interpreters in rare languages such as Mandarin, to avoid interpreters travelling long distances
- providing and funding training for interpreters to enable them to attain set standards and nationally accredited qualifications
- training interpreters in specialist areas such as mental health and justice
- developing standardised qualifications across Scotland
- setting up a national register of accredited TICS providers in Scotland
- establishing a standardised fees structure
- providing a one-stop shop for the translation of material into BSL and production as a finished video or DVD

10.211 Other recommendations concerning PSBs and TICS included:

- use of computerised systems by both TICS and PSBs to facilitate sharing of information
- setting up a central information and advice point for TICS help
- establishing a single booking channel for both spoken languages and BSL, creating a one-door approach to TICS

10.212 A number of PSBs cited SASLI as a model for developments in spoken languages. SASLI groups together the following activities under one banner:

- registration of interpreters and trainee interpreters
- work with training organisations and other bodies to develop higher levels of accredited training and the phased registration of students
- provision of continuing professional development
- monitoring of registered members
- accrediting of agencies
- acting as a focus for expert knowledge, through organising conferences, carrying out research, and lobbying
- serving as a central point or pivot for information about BSL/English provision and related fields (e.g. communication support for Deafblind people)
- networking with other sister associations in England and Wales, across Europe and overseas, including EFSLI

Gaps

10.213 A number of issues not directly raised by PSBs were:

- training of PSBs in working with TICS providers
- training of PSBs in communication skills
- developing resources for continuous professional development
- focusing more on translation as opposed to interpreting, the current preoccupation.

Summary

10.214 Chapter Ten sets out the preliminary conclusions derived from the two-phase survey of public sector bodies, examining responses from the Justice, Health, Council Services and Immigration areas of public service. It summarises conclusions on:

- Services requested of formal TICS providers
- Expected level of service providers' training and experience
- Forms of TICS provision and reasons for using different approaches
- Relative importance placed on assuring quality/safety of interpreters and translators used

10.215 It concludes with a number of recommendations from PSBs on ways to improve service provision in Scotland.

CHAPTER ELEVEN FINAL CONCLUSIONS

Overview

11.1 The detail of conclusions relating to TICS providers and PSBs specifically are set out in Chapters 7 and 10 respectively. This final chapter aims to highlight some overarching themes and concerns.

Language Considerations

11.2 Accurate information on language needs is essential to inform policies in Scotland. This should be provided by including relevant questions in the 2011 Census regarding “preferred language” and “special language needs, since these feature explicitly in recent legislation.

11.3 PSBs in particular need complete information about the profile of needs across the full spectrum of TICS to inform their planning. To date, they are reacting to the more visible and declared needs.

11.4 Once this base-line is established, it would also be useful to have a means of collecting and sharing information regarding languages in different regions on an ongoing basis. For example, the precise location of need for rarer languages may move around the country as its users do. Users of new languages or dialects may arrive in Scotland and the different languages may dominate need at different times. Some demand may be seasonal and linked to migrant workers or tourism.

11.5 Given the range of languages used and the complexity of language needs in Scotland, no new legal provision should focus on one language in isolation. .

11.6 BSL should be regarded by PSBs as a natural language.

11.7 The full spectrum of “communication” must be considered. This includes languages, dialects, foreign sign languages, different ways of working in English (including cross-cultural communication) and presenting material in English (and other languages) in different styles and formats.

TICS Spectrum

11.8 Preoccupation with “interpreting” practices and provision currently dominates. More energy and resources should be allocated to translation and the wider range of communication support.

11.9 A more systematic collection of data regarding the demand and supply (satisfied or not) for TICS would help inform developments and track changes.

Communication support

11.10 PSBs virtually ignore this aspect of TICS. They give some consideration to literacy issues and the needs of people with visual impairment, but have little awareness of the needs of Deafblind people.

11.11 There is a need for awareness raising and training in PSBs regarding Deafblindness and the full range of communication support. This could also include training in “communication skills” for PSB staff (e.g. how to code switch within English, adapt language style if working with interpreters, cross-cultural communication, etc.). Bilingual service providers could have a role to play under this heading.

11.12 It might be worth noting that over a third of VI providers regularly supplying services to Scotland are based in England.

Translation

11.13 Translation was not identified as a problem area in the study, primarily because of the dominance of interpreting. It is likely that demand for this service will grow as PSBs become more aware of the need to provide access to translated documents and as end-users become better informed of their right to access this material (often indicated as being available in translation “on request”).

11.14 PSBs indicated the need to raise awareness or publicise the availability of translations, commenting that the take-up of translations available on request is low. End-users, for their part, do not know what type of material is available for them to request. Information about this availability is often hidden away at the back of English versions of documents or is expressed in English on leaflets or posters. A strategy to rectify this is needed. This might take the form of a complete list of the titles of the material potentially available translated into different languages.

11.15 The translated end product may need to be produced in an audio, video or DVD format if there are issues of literacy, languages with no written form, and for signed languages.

11.16 Issues related to the sourcing of translators and quality assurance will need to be addressed, as will the training of translators. Trained translators might find some public service-specific training useful. Translation skills and training in computer-based tools to assist translation such as a translator’s workbench, should also be an integral part of any public service interpreter’s training. This should apply particularly to translators working in rarer languages or dialects and Deaf people working into BSL. As people should be translating into their first language, training of translators should also include training in English (their second or additional language) as the source language they work from.

11.17 Computer-translation was not mentioned specifically, although generally it was suggested that new technologies should be better used.

11.18 PSBs also need to consider their position as regards accepting submissions in languages other than English, such as completed forms, letters, etc., which must then be translated. It is already the case that Standard Grade examinations can be taken in BSL.

11.19 PSBs already recognise that there are cost implications involved in providing translation. Some PSBs have indicated strategies that include translations available for borrowing and translations already available on their website. The recommendation was made that a “central bank of translated material” should be set up so that a PSB needing to commission a translation (e.g. in health sector) could check if a similar piece of work already existed.

Interpreting

11.20 PSBs suggested that there were 4 levels of interpreting provision. In order of preference, these are:

- face to face interpreting (provided by trained professionals)
- telephone interpreting
- provision by in-house staff
- provision by family, friends or members of the local community

11.21 Careful consideration needs to be given as to whether the last two types of provision are acceptable and whether there should be rules governing when and how this takes place. In other words, if such provision is going to happen, then it must be properly controlled and there should be guidelines.

11.22 The present reality is that a significant quantity of interpreting support is provided by these two groups of informal providers. Most of the provision is not recorded and is not declared, which means that much of the real demand for interpreting is hidden below the surface, like an iceberg.

11.23 For rare languages or dialects or languages recently arrived in Scotland, it may be the case that this type of provision is the only type of interpreting available. There should be strategies in place to handle this eventuality.

Telephone and video interpreting

11.24 With all telephone-interpreting providers based outside Scotland, the main concern relates to the training offered to linguists working for these organisations. They would need to be made aware of the systems particular to Scotland such as the legal and educational systems, local and national (Scottish) government, etc.

11.25 Video-interpreting is still being piloted in Scotland, although used more widely in the US and other countries. It has the potential to become the equivalent of telephone

interpreting for BSL and other sign languages, especially as the video technology available on mobile phones improves.

11.26 Video interpreting would also improve interpreting provision for spoken languages in situations where visual information would be particularly beneficial.

Training

11.27 The range of interpreting skills and activities is wider than that normally referred to by face to face and telephone interpreting. It includes note-taking, sight translation, *chuchotage*, relay interpreting and consecutive and simultaneous conference work, especially for interpreters working in languages other than the majority European languages, as well as specialisation in particular areas such as legal or mental health work.

11.28 If training is viewed as a pyramid, the basic, fundamental skills are those at the tip of the pyramid. Once these initial skills have been addressed, the focus must be shifted to other skills.

11.29 Relay interpreting, for example, may provide a means of bridging the gap between English and a rare language, such as a foreign sign language.

11.30 Ultimately, the artificial boundary between “conference interpreter” and “public service interpreter” may start to disappear. The boundary is becoming blurred in the real world as simultaneous interpreting booths are installed in court rooms and as public service interpreters working in certain languages are required to work in conference settings. The goal of training to the level required for conference work would raise the profile of public service interpreters. It could potentially attract and retain more trainees within the profession, opening up real career opportunities.

TICS providers

11.31 Blurring of boundaries is also taking place between different types of TICS. BSL is increasingly being correctly regarded as a natural language on a par with spoken languages. There is a small but growing demand for foreign sign languages and for providing for people with a combination of needs such as learning difficulties and a “foreign language”. Other PSBs want a “one-stop shop” approach when they need BSL video-translations. This range of needs has led a number of PSBs to advocate a one-door solution for all their TICS requests.

11.32 There are, however, dangers inherent in allowing a single provider to monopolize the market and PSBs have expressed concerns regarding the possibility of TICS providers “holding them to ransom”.

Translation and Interpreting Policy for Scotland

11.33 In the short and medium term, it would seem appropriate to adopt a four-pronged approach to the design of a translation and interpreting policy for Scotland.

11.34 It should focus on:

(1) the adequate funding and resourcing of translation, interpreting and communication support services to be made available by public service providers to the users of public services. This should include increasing the number of interpreters.

(2) the development of specialist training for properly-accredited public service translators and interpreters, including the development of training resources.

(3) the development of training and guidance for public service providers to cover needs awareness, how to work with interpreters, codes of practice, etc.

(4) the development of training/education of the users of public services on the role and benefits of using a professional interpreter when accessing the public service. This is based on more recent research results.

11.35 In the longer term, the training of bilingual public service providers could also be envisaged.

Networking and teamworking

11.36 Those contributing to the study have advocated the sharing of information, experience, problems and solutions, to offset their criticism of lack of communication and “joined up thinking”.

11.37 Examples of good practice are often grounded in team working. It is important that TICS providers and PSBs work together and that developments are informed by feedback from end-users. The inclusion of trainers and researchers is an essential part of this debate. Practice needs to be informed by a theoretical underpinning. Otherwise, there is a danger that rules are made and legislation put in place based on current local practice and knowledge, without wider consideration of alternative approaches.

Central Focus

11.38 Many stakeholders recommend the establishment of a Scottish certification/accreditation body for public service interpreters and translators. This could be inspired by the model of existing provision for BSL/English interpreting (SASLI). See Chapter 10.

11.39 This organisation could:

- maintain a register of accredited interpreters/translators
- ensure that police checks have been carried out and qualifications checked
- raise awareness of TICS
- act as a repository for initiatives scattered across the public services and Scotland-wide (e.g. codes of practice, glossaries developed by PSBs, etc.)
- host a bank of translated materials
- take forward the development of tools for assessing and monitoring the skills of interpreters
- help develop training and training materials for both PSBs and end-users for working through interpreters
- in collaboration with PSBs, lead the development of training materials and reference resources for trainees and for continuing professional development
- act as a central point for queries about TICS and as a facilitator to help with advice or re-direction to appropriate contacts (e.g. SASLI, Deafblind Scotland). Also record gaps in provision
- lobby on behalf of TICS, both at Executive level and also with PSBs regarding working conditions
- play a role in the monitoring of TICS agencies
- keep appropriate central records to inform developments
- act as a central resource base and “library” of information
- encourage international cooperation

Research and Development

11.40 With a view to policy development in the long term, the funding of research on an on-going basis, including empirical research, is recommended.

11.41 Research could be aimed at:

- furthering knowledge in translation studies and the processes involved in interpreter-mediated communication
- exploring interpreter-mediated communication in specific fields (e.g. police interviews, mental health status interview)
- studying the impact on the communication process of increasingly used TICS “solutions” such as telephone interpreting and interpreting by video-conferencing
- piloting lesser used potential TICS “solutions” such as relay interpreting and machine-translation
- studying the impact on the communication process through an interpreter of additional “filters” (advocates or intermediaries) e.g. appropriate adults

11.42 In the short term it might be informative to carry out practical studies such as:

- the in-depth study or profiling of TICS provision and use in a particular public sector
- the observance of the handling of TICS within a PSB department for a period of time (e.g. a week)
- the tracking of a declared interpreting need from identification of the need through a complete process

Conclusion

11.43 The provision of TICS in public services in Scotland is at the same time hugely complex and widely disparate.

11.44 It is a web of many languages and types of activity, some clearly tracked and visible while others fade into oblivion as they are not really “recorded”. The provision is delivered in various layers. Some of this is informal and some formal (professional), but within each of these categories the expertise of providers can range from highly competent to extremely weak.

11.45 There is no one region or one public sector in which practices and procedures are wholly weak or completely satisfactory. Even in the weakest area there are pockets of extremely good practice, and in the best there are still some flaws.

11.46 Overall, though, there is a sense of movement and of positive progress. The implementation of the RRAA and the DDA are driving this progress and, even in areas where little policy has as yet translated into actual practice, it is clear that they are “thinking about it”. In addition, it seems that where good practices have been introduced, these are drawing in other departments up or downstream as well as neighbouring organisations.

11.47 One spoken language TICS provider, working across the UK, stated that, “Scotland seems more up to speed than England.” Although progress may be slow, the momentum that has built up should keep it moving strongly forward.

Summary

11.48 Chapter Eleven lists the over-arching themes and concerns highlighted by the research and indicates possible strategies and actions that could help to improve the future provision of TICS services.

ANNEX 1 GLOSSARY

Additional language: a language which someone may have acquired or learned, but which is not their “first” language i.e. their home language or the language in which they are most proficient and comfortable.

Advocacy: this implies “being on the side of” or speaking “for” a particular party, or otherwise aiming to support, protect, advise or further the interests of a particular individual or group. To act as an advocate is in direct conflict with the interpreters’ code of ethics which requires interpreters to be unbiased and impartial in their work.

Appropriate adult: The presence of an appropriate adult may be required during a police interview, for example, if the person being interviewed has special needs or a mental disorder. In Scotland, this will be a social worker or a mental health professional who has undergone special training regarding their function and role. The main function of appropriate adults is to assist in the communication process by re-expressing questions and responses in a language appropriate to the needs of the recipient and ensuring that the interviewee understands the questions and the implications of their responses. Their role is also to offer general support and reassurance to the interviewee, ensuring that s/he is not disadvantaged as result of her/his special needs and that s/he understands why s/he is being interviewed. If the appropriate adult has particular concerns about the interview, they can indicate that the interview should be halted.

Back translation: This involves the translation of a translated version back into the original, or source, language and is sometimes used to verify the accuracy of the first translation, or at least the accuracy of the basic factual content. Its efficacy, however, can be suspect as an “error” may simply be back-translated into the correct term.

Bilingual worker: A bilingual worker is someone who has the language skills needed to carry out the tasks required by their work in either the official language of the country (e.g. English) or in another language (e.g. Urdu or French). This means that they can function as a doctor or as a counsellor or as a bank clerk in at least two languages. This does not mean that they have the skills required to work as a translator or interpreter between these two languages on behalf of two other interlocutors.

Brailleing of documents: Braille is a writing system consisting of raised dots which people can read by touch. Braille translation software can be used in-house and documents printed off on a Braille printer (embosser), but most work is produced by professional transcription agencies.

Chuchotage: (see “whispered interpreting”)

Communication support: Human or technical aid provided in order to facilitate communication. This could include altering the style of speaking or writing (“jargon free” and “plain English”) or producing material in alternative formats e.g. large print or on tape.

Communication support worker: Communication support workers (CSW) often work with deaf students in the field of education. While some of their work may be similar to that of an interpreter, their role may differ. For example, they may be expected to express their

personal opinion as a member of the educational team or to provide additional support to the student e.g. in explaining certain terms or note-taking. In the UK, rightly or wrongly, a CSW may often undertake interpreting types of tasks even though they have a lower level of language and interpreting skills than a registered interpreter. In some countries employees with similar roles in the field of education are called **educational interpreters**.

Computer or machine translation: Computers may be used to provide a translated version of a document or to assist human translators in the translation process i.e. computer or machine aided translation (CAT/MAT). Computer/machine translation is most successful when the source material belongs to a very restricted subject/terminological field for which the software has been designed or if the source material is pre-edited to ensure that the particular software can process the material with a high level of accuracy. Source material containing idiomatic or creative use of language cannot be handled very successfully. Machine translation or machine aided/assisted translation systems can be particularly useful in two ways. Within more focused fields, they can be used to provide a first version of a translation which a human translator can post-edit and correct. Alternatively they can provide a rough or **gist translation** of a document to allow a user to determine whether they wish to invest in a more accurate translation.

Conference interpreting: This is a term used to describe interpreting which takes place in a conference type setting, often interpreting speeches or presentations. It may be either consecutive or simultaneous in mode, but involves the interpreter working in “one direction” of language transfer only, usually from a language into their first or preferred language (their “mother” tongue). The latter may not be possible if the language combination required is more unusual.

Consecutive interpreting: This is one of the two main modes of interpreting. The interpreter will listen to/view the source material, then produce the interpreted version when the speaker/signer pauses. The interpretation may follow after only a few seconds of source material (the equivalent of a sentence, for example) or after 10 minutes or more (a whole or a significant portion of a speech). An interpreter will often rely on “note-taking” to ensure that their interpreted version is a faithful and accurate version of the original.

Cultural expert: A cultural expert would be someone who has expertise and a research background in a particular field of cultural studies. Although interpreters and translators, like many other bilingual workers, should have a good level of knowledge and awareness of the cultures and peoples associated with their working languages in order to carry out their work, they will not normally have sufficient expertise to be regarded as a cultural expert.

Deafblind Manual Alphabet: When communicating using Deafblind Manual, each word is fingerspelled on to the hand of the Deafblind person. The interpreter should sit on the right-hand side of the Deafblind person. This is especially important if the Deafblind person can speak. If the Deafblind person cannot speak, then the person with most to spell should sit on the right, and at an angle of about 90 degrees.

End-user: This describes the user of the public service (e.g. the patient, witness, job-seeker etc.). The term may also be used to refer to the user of a translating, interpreting or communication support service, although there are two such users (the public sector representative or professional, usually English-speaking, and the public sector client, usually

not speaking standard English), the term often indicates the non-English speaking user in particular.

Face to face interpreting: This is when the interpreter is physically present in the room. It is usually “bilateral” interpreting, a term used to describe the type of interpreting when the interpreter is working “in both directions” between two languages i.e. both into and from their preferred language (or “mother” tongue). This type of interpreting is often used in situations involving meetings, interviews or visits. It may be either consecutive or simultaneous in mode, or involve a mixture of the two. This style of interpreting is more frequently described by other terms such as the following. **Ad hoc interpreting** is now seldom used as a description as it suggests a style of interpreting which is unplanned and unprepared. **Escort interpreting** describes interpreting when an interpreter accompanies a visitor to a country, such as a businessman, a politician or other visiting dignitary, or when an interpreter accompanies such a person on an overseas visit. **Social interpreting** may be used (especially for interpreting for Deaf and Deafblind people) for the social (i.e. non core business) aspects of a conference or visit. **Community interpreting** could imply that the interpreter is working on behalf of the community in question, whilst the term, **public service interpreting**, could imply that the interpreter works for the public body or agency. Interpreters are, of course, impartial. The terms, **triangular/three-corner interpreting**, are sometimes used, but, whilst primarily describing the seating arrangements of the participants, the terms do suggest that the interpreter is an equal participant in the exchange. **Liaison interpreting** and **dialogue interpreting** are currently the terms most commonly used to describe this type of interpreting/

First or preferred language: This may be the first language learned by a person at home (“mother” tongue) or the language in which they are most proficient or feel most comfortable.

Freelance interpreting/translation: This is used to describe work carried out by a self-employed interpreter or translator rather than by someone who is employed by a particular company or organisation.

Guide communicator: At all times, this person acts as the eyes and ears of the service user, relaying what is seen and heard. This includes spoken, non-verbal, written and environmental information using the preferred communication method of the Deafblind person.

Hands-on signing: This method of communication involves using BSL. The Deafblind person follows the signs by placing their hands over the hands of the signer.

In-house interpreter/translator: An interpreter or translator who is employed by a particular company or institution.

International Sign: This is not a natural language, but rather a sort of *lingua franca* of signs which some Deaf people, especially professional deaf people, may use to communicate when abroad or at international meetings and conferences. It is no more a natural language of any community than Esperanto is.

Interpreting: This is usually understood as referring to the processing of speech i.e. the transfer of spoken material in one language (source text) to an equivalent spoken version in

another language (target text). It is more accurate to focus on the type of activity involved and describe interpreting as the transfer of material in one language to an equivalent version in another language which takes place virtually in real time i.e. the immediate transmission of the target language version. Therefore, interpreting may involve the conversion between two live spoken or signed languages or between spoken and a sign language. (See “consecutive”, “face to face”, “simultaneous”, “whispered”)

Irish derived signs: A variety of BSL used primarily in the west of Scotland, particularly Glasgow, which has its roots in Irish Sign Language. It was used in Catholic Schools for Deaf Children for many years leading to lexical differences in the language used by the Deaf Community. It is sometimes referred to as “St Vincent’s signs.

Lipreading: this may be a form of communication used by deaf people who use English as (one of) their communication choices. It is reported that around 40% of what is actually said is captured by the deaf person.

Lipspeaking: this is a form of human-aid to communication between deaf people who lipread and use spoken English as their communication choice and hearing people. A lipreader is a hearing person who acts as a professional aid to communication between deaf and hearing people. The lipspeaker repeats silently what a speaker says, but with clear speech movements and natural rhythm supported by appropriate gestures and facial expressions. This may be aided by fingerspelling, if agreed with the client who will be hard of hearing or deaf. If the pace of a speech is very fast, a skilled lipspeaker will present the language in a shortened style whilst retaining the original meaning.

Makaton: This is a created communication system comprising speech, manual signs and graphic symbols to assist people with communication difficulties, especially learning difficulties.

MEL(1998) 42: Scottish Executive NHS Management Executive document which includes details for the provision of Deafblind communicators for Deafblind people attending GP or hospital appointments.

Note-taking: There are two distinct types of note-taking. On the one hand, there is a style of note-taking used by trained interpreters when working consecutively to prompt their short-term memory recall. This is schematic, often based on symbols, and frequently very personal. The interpreter may take notes in the source language, in the target language, in a combination of the two and in ways which are conceptual and non-language specific. On the other hand, note-taking may be conducted in the source language, on behalf of a third party. These notes may be handwritten, or increasingly, taken in electronic format (cf. SpeedText). Note-takers often work for Deaf people in meetings or in lectures. The notes may be for reference at a later time, or a deaf person may read off the computer screen in real time. The notes taken will not be verbatim.

Paget Gorman: An Aberdeen created sign system which follows English word order and which is mainly used within educational contexts.

Palantype: Courtroom stenographer equipment adapted for use in communication support situations. Real time phonetic production of English text from verbal interaction often projected on to a large screen for multiple service users. (See “speech to text”)

(On-)sight translation: Conversion from written material in one language to a spoken version in another language also occurs when an instant oral version is required of a written text. Although in style this resembles interpreting, it is usually described as “sight translation” or “on-sight translation”.

Relay interpreting: This describes the style of interpreting which takes place when it is not possible to locate a single interpreter with competence in the language combination, the two languages between which interpreting is required. For example, it might be impossible to locate an interpreter with the ability to work between Finnish and French. Interpreters, however, might be found to work with the following language pairs: Finnish/English and French/English. The first interpreter would interpret from the source material in Finnish into English. The second interpreter would pick up this English version and interpret it into French as the target version and vice versa.

(Restricted) Visual Frame Signing: This method of communication is used by people with limited vision who communicate using BSL and who can see within their remaining field of vision. The signer produces BSL in an agreed visual frame which is comfortable for the Deafblind person.

Sessional worker: An interpreter or translator who provides work on an hourly paid or occasional basis and who may be freelance and self-employed.

Sign Supported English (SSE): A devised communication system involving signs, often borrowed from BSL, which are produced following the grammatical constructions of the English language.

Speech to text: English text produced in real time from a verbal interaction using a laptop computer operated by trained personnel. This is also referred to as “Electronic Notetaking”. As this takes place within the same language, changing the medium of delivery, it is possible to produce a verbatim version. Machine shorthand systems (Palantype or Stenograph) permit an electronic, verbatim record to be captured either for reference (as in a court of law) or to be broadcast in real time on to a monitor, or projected onto a large screen at meetings or conferences, to enable Deaf people who use English to follow what is being said. Speech to text (STT) reporting is also used to provide live television subtitling.

Speech-to-Braille: This is a similar system to “speech to text” used by Deafblind people.

St Vincent’s signs: (see Irish derived signs).

Summary translation/interpreting: As the name suggests, and in contrast to the verbatim approach, a summary translation/interpretation is not a full and complete version of the original, but one which captures the main points, shedding secondary or more minor details to produce a summary, précis or gist version of the original. This should only be carried out if agreed by the participants involved. For example, a police officer or social worker might find it useful to obtain a quick overview of the general topic, before commencing a more in depth interview.

Telephone-interpreting: This means that a telephone is used to access an interpreter.

Transcription: A transcription is often a verbatim written record of spoken language material and of material in certain signed artificial communication systems based on the same language (for example, Sign Supported English, SSE, or Signed Exact English, SEE). A transcription is completed working from recorded material and involves the transfer of material in the same language between different media, spoken to written, signed (manual coded system) to written, rather than transfer between different languages. Transcription may also be used to describe transfer into audio or other formats (e.g. Braille, large print, electronic version) for blind people or people with literacy needs. Users, however, often request a transcription of signed material produced in another language, such as British Sign Language (BSL) which is a natural or “real” language, when what they are actually requesting is a written *translation* in English of the signed material in BSL. The end product would be laid out and punctuated according to the conventions of an equivalent English language text. Alternatively, the term “transcription” may also be used to describe a written record of spoken or signed material captured for research purposes or if no written form of the language exists. Such a transcription may involve work between two languages. In the case of spoken languages it would offer access to other languages which the researchers may not master themselves. It would also offer access to sign languages where no written forms of the languages exist (apart from specialised and very detailed forms of notation used to describe individual signs). The aim is to replicate the original language as much as possible so the original word order will be retained. If transcribing into English, English glosses will be provided of the words in the other language. Standard punctuation will often not be used, but transcription conventions will be adopted to capture a range of information about the features of the original material: pauses, overlapping language, interruptions, pitch and intonation patterns, emphasis and so on.

Translation: This is usually understood as referring to the processing of textual material i.e. the transfer of a written text, in one language (source text) to an equivalent written version in another language (target text). It is more accurate to focus on the type of activity involved and describe translation as the transfer of material in one language to an equivalent version in another language. This would not take place in real time, but rather when the translator has the opportunity to revisit and rework his/her version, making improvements and corrections and conducting any relevant research. In this sense, translation may involve the conversion from/into written, recorded spoken, or recorded signed material or any combination of these. It should be noted, however, that “translation” is also used more widely and loosely, as a general term to describe the transformation of material or the transfer of meaning in one language into another language.

Transliteration: This specifically refers to transfer between different script forms: for example, of words or a text in Cyrillic or Arabic script into Roman script as used by the English language. This enables someone who does not master the language to “read” the words, although they will still not understand the meaning. It should be noted that the term is used in a very specific way with reference to sign language in America. Whilst interpreting and translation refer to transfer between different natural languages (natural languages such as American Sign language/English, or British Sign Language/English), transliteration refers to transfer between different codes of a same language e.g. between an artificially created system and the standard language. For example, in America, it could refer to the conversion of English into Manually Coded English and vice versa. In the United Kingdom, its equivalent would be conversion between spoken/written English and Sign Supported English (SSE) and could be described as “transcription”.

Verbatim translation/interpreting: This is sometimes also referred to as word-for-word or literal translation/interpreting, and linguists will usually understand this to mean the production of a close, faithful and accurate version of the original in the target language. There is often confusion regarding what is meant by the term and non-linguists in instructing interpreters may add, “Don't change anything, keep the word order and just de-code word for word”. As no two languages function in the same way, such an approach could not provide a natural, and therefore a faithful, version in the second language. Occasionally, however, this will be the appropriate approach: perhaps when producing a back translation for purposes of verification or perhaps when the original source material is incoherent (the speaker may be drunk, ill or suffering from a mental illness).

Video-conferencing interpreting: This means that a videophone or video-conferencing system is used to provide both audio and video access to an interpreter.

Whispered/whispering interpreting: Interpreting which takes place in the simultaneous mode, but without the use of any technology. The interpreter may be working for only one or a small number of people and will produce a “quiet” version speaking almost into the recipient's ear. Also called **chuchotage**.

ANNEX 2 DETAILED RESEARCH METHODOLOGY

1. The annex discusses the research methodology under four headings as follows:

Phase One: Stage One (TICS), covered in paragraphs 3 – 25.

Phase One: Stage Two (PSB), covered in paragraphs 26 – 52.

Phase Two: Stage One (TICS), covered in paragraphs 53 – 69.

Phase Two: Stage Two (PSB), covered in paragraphs 70 – 90.

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2. The information presented under each heading describes the informants included in the survey, the procedure used for contacting these informants and data collection and recording methods.

PHASE ONE: STAGE ONE (TICS)

Informants

Identifying Informants

3. To obtain a comprehensive baseline position on the provision currently available, the research team needed to identify and survey all formal (i.e. professional) TICS providers to the public sector in Scotland, rather than audit a sample.
4. A comprehensive listing of providers was drawn up. This was based on:
 - the research team's own knowledge
 - scanning of public domain information sources such as area telephone directories and Yellow Pages
 - Internet-based searches
 - information provided by the advisors to the research team and other networking
 - consultation of the lists of registering bodies and other lists of agencies and suppliers
5. The research team did not attempt to identify “in-house” TICS providers unless this constituted a separate unit or department (e.g. local authority interpreting service).
6. Ultimately, time and resource constraints meant that it was not possible to contact all freelance translators and interpreters listed to verify whether they undertook a significant amount of work in the public sector. Listings under a personal name were taken to indicate self-employed freelance status and these were dropped from the list.
7. Inevitably, any list might have failed to identify all providers. In the course of research for Phase One: Stage Two (PSB Audit), the research team learned that a list of freelance interpreters is used in the Highlands and that those on this list may/may not be listed in any public domain source.

Description of Types of Provider

8. Providers of TICS services divided naturally into 3 types:

- those advertising “spoken language” services (i.e. community or so-called “foreign” languages)
- those advertising “sign language” services (i.e. BSL and other communication methods for the Deaf Community)
- those concentrating on providing services for people with visual impairment

9. For brevity, the first category is referred to as Spoken Language Providers (SL) as this is their primary purpose, but may not exclude the provision of other services (e.g. BSL). The second category is referred to as Sign Language Providers (BSL) (although the services provided extend beyond BSL/English interpreting support). The third category is referred to as Visually Impaired Communication Support (VI).

Number of Informants

10. There were 176 SL and BSL providers identified in the initial complete listing.

11. The research team determined the following strategy to make a final selection of informants which was approved by the advisors to the project. This strategy was to include in the final list:

- all agencies (even if they had as yet provided no services to the public sector)
- only freelancers who provided a service to the public sector (either as a self-employed individual or by sub-contracting work)

12. Freelancers who did not provide any significant service (i.e. around 30% of their work) to the public sector were excluded from the study.

13. A certain number of those listed could not be contacted (contact details no longer valid, no response obtained after a certain time, etc.).

14. Of the 143 providers contacted to establish whether they carried out work in the public sector, only 15 (10%) declined to take part in the study for various reasons (too busy or reluctant to become involved).

15. There were 87 TICS providers included in the final list for survey. Table 1 illustrates the distribution of organisation types.

Table 1 Types of TICS Provider listed for survey

Types of Organisation	No. of Providers
Agency	33
Agency (commercial arm of a charity)	4
Agency (telephone interpreting)	3
Self-employed/sole trader	20
Not for profit organisation	16
Local Council Department	11

Procedure for Contacting Informants

16. The research team telephoned each of the TICS providers on the list, introducing the project and identifying the appropriate person for telephone interview. The initial call was followed by an e-mail giving a more in-depth introduction to the project. These steps were followed by a telephone call to agree a date and time for the telephone interview. Generally at least 3 telephone calls were required to arrange an appointment. A log was kept of contact with respondents.

Collecting Data

Basic strategy for collecting data

17. The study was conducted using telephone interviews during the period March 2004 to April 2004. The interviews were recorded and the informants warned in advance that this would take place.

18. The informants were given no specific details in advance of the interview regarding the types of questions which would be asked.

Developing the Research Tool

19. The research tool (Annex 3) was based on questions proposed in the initial briefing document and by the research team, supplemented by questions proposed by advisors to the project. Initial piloting showed that the first tool developed took 85 minutes to administer. To reduce this time, certain questions or aspects of questions were postponed to Phase Two of the research.

20. The final amended research tool took around 30 minutes to administer if brief responses were given. This did not preclude respondents spending longer providing information if they chose and the average time per interview was 40-45 minutes. The minimum interview length was 25 minutes and the maximum interview length was 75 minutes.

21. Informants were also invited to forward further information to the research team. Very little actual information was forwarded, however, so this did not prove to be a productive means of collecting data.

22. On conclusion of the interview, informants were also asked if they would be willing to participate in Phase Two.

Administering the Research Tool

23. Interviews were conducted by two researchers according to an agreed protocol. Generally, one researcher conducted the interviews with SL and VI providers and the other researcher interviewed BSL providers except when it was felt that there could be a conflict of interest. In this case, the other researcher conducted the interview.

Recording Data

24. Responses were captured initially on a paper-based document by the two researchers conducting interviews. The interviews were also recorded, with the respondent's prior permission, to permit the completion of additional data following the interview and to allow data verification.

25. Responses were finally collated into 3 master documents relating to SL, BSL and VI providers.

PHASE ONE: STAGE TWO (PSB)

Informants

Identifying Informants

26. The aim was to identify a representative sample of informants, both in terms of geographic location and public service area.

27. It had been hoped that information provided by TICS informants in the first stage of Phase One would indicate which public sector bodies could be surveyed in Stage Two. This did not prove to be the case, however, as TICS providers were reluctant to specify members on their client list, partly to protect client confidentiality.

28. It was not possible to obtain a *comprehensive* overview of current practice in relation to the provision of TICS within public services in Scotland by interviewing a limited number of PSB respondents across a wide number of geographic areas and sectors. In this initial research, however, it seemed inappropriate to limit research to either a restricted geographic area (e.g. Glasgow) or to a sector of service provision (e.g. health service).

29. The approach adopted tried to make sure that the data collected was indicative of the "wider picture" across the whole of Scotland and across all public services.

30. Selection criteria based on geographic area and on public service area were established to determine clusters of informants (approximately 10 informants per cluster) to provide comparable data while ensuring that this stage of the study remained as wide-based as possible.

Geography

31. Clusters of public sector bodies were studied in a number of geographic areas, namely:

1. Sighthill (Glasgow city) Due to the demand for TICS in the Glasgow area as a result of the policy of dispersal (see Chapter 2), a cluster of public bodies was studied. The cluster was located in the city of Glasgow in an area where significant numbers of non-native speakers of English are known to live
2. Glasgow area including Renfrewshire, East Renfrewshire, North & South Lanarkshire, Dunbartonshire, Inverclyde
3. Ayrshire
4. Grampian (including Aberdeen city)
5. Highlands & Islands (including Argyll & Bute)
6. Borders (including Dumfries and Galloway)
7. Edinburgh & Lothians
8. Fife
9. Central Scotland (including Falkirk & Stirling)
10. Perth & Tayside (including Dundee)
11. Scotland-wide (Some respondents, though based in a particular area, offer a national service and could be classified in an 11th type.)

32. These geographic areas were loosely described according to the following classification for working purposes: CITY (1, 10 and partly 7 & 8); SIGNIFICANT URBAN CENTRE (2, 3, 4, 6); RURAL (5, 9 and partly 7 & 8).

33. Specific details relating to geographic selection are detailed below.

- The aim was to try to make sure that city/urban/rural areas were all represented.
- One tightly focused cluster was selected. This consisted of a representative of each of the public services types of categories in a very tightly targeted locality (i.e. 10 in Glasgow city) where there was expected to be a high demand for interpreting/translation support (especially spoken languages).
- Nine additional geographically-based clusters of public bodies were selected. Each contained representatives of most of the public services types of areas. Public bodies which were willing to participate were selected mostly at random³² from within the whole geographic area. In each cluster, the aim was to interview representatives across the particular geographic region rather than collected in a single centre.
- The list of geographic areas reflected the locations of the main interpreting services, but there were additional geographic areas where no interpreting service was located.

³² There were occasional exceptions where the research team's knowledge or findings from research suggested that there was an interesting example to be selected (e.g. GP's surgery in Edinburgh, with example of pilot interpreting by videoconferencing for the Chinese community) or because there seemed to be no use of interpreting when this was to be expected.

Public Service Type

34. Representatives were selected from the types of public service areas listed below:
1. Police
 2. Procurators Fiscal/Courts/Law Society³³
 3. Prisons
 4. Hospitals
 5. GPs/Dentists/Opticians
 6. Mental Health Units/Services
 7. Social Work (variety of departments/services – including probation)
 8. Housing
 9. Employment Services (e.g. Job Centres)
 10. Education (local authority education departments re: pre-five, primary & secondary schools; FE Colleges; Universities)
 11. Local Authority services/support; Local Government; & Scottish Parliament
 12. Immigration Service (NASS)
 13. Ombudsman
 14. Miscellaneous (e.g. emergency services³⁴)
35. Specific details for selection of public service types of areas are detailed below:
36. The aim was to interview one representative in most of the 11 public service sectors, in each of the 10 geographic areas described in Annex 9.
- Within the total “batch” of representatives of a public sector across the 10 geographic clusters, respondents (approximately 10) were selected to represent a variety of sub-sectors:
 - e.g. 10. Education – 2 universities (one “old” and one “new”), 2 FE colleges (one urban, one rural); 3 secondary schools, 2 primary schools, 1 pre-five establishment.
 - e.g. 7. Social Work – 3 community care departments; 4 children/families; 3 criminal justice
 - In certain categories a few representatives only were appropriate or were selected (e.g. 12, 13, 14) or a few representative examples were selected (e.g. 3 & 6) across a limited range of types of cluster. This made it possible to select one or two more representatives in another category.

³³ It was not possible to arrange an interview with the Law Society, although information was received.

³⁴ The research team was unable to arrange an interview with a representative of the emergency services.

Number of Informants

37. The study aimed to interview 120 informants in total.

Procedure for Contacting Informants

38. The research team contacted potential informants to identify the appropriate respondent and e-mailed follow up information. Telephone calls were made to arrange an appointment. A log was kept of contact with respondents.

Difficulties encountered in arranging appointments

39. It proved to be a lengthy process to identify the appropriate person for interview and to arrange an appointment to interview. The caller often had to complete a series of calls following up information from a previous contact. As a rule, it took a minimum of 5 telephone calls to arrange an appointment.

40. It also took longer to explain the study to public service bodies. Information was regularly requested about the types of questions which would be asked so a brief statement “we will ask questions about the types of services provided, the level of demand and difficulties your sector may have faced” was included in the initial introduction.

41. In some cases it was necessary to speak to more than one contact person. This was the case when TICS services were handled by more than one department or when questions relating to policy decisions were handled by someone different from the person handling procedural questions, requests and so on.

42. Another factor causing delays was that informants often had to seek permission from a superior before being able to cooperate.

43. There was a tendency to redirect the researcher to the manager. This prompted a change of approach, with researchers asking to speak to the manager first to explain the research and requesting the name of a contact “at the frontline”.

44. The time required to satisfy the appropriate research access protocols and obtain permission to interview certain public sector body staff was a significant delaying factor. Even when agreement had been approved, this information had often not reached the people contacted which meant repeated phone calls.

45. In addition, when approaching people at grassroots level, interviews often had to be rescheduled if a more pressing matter arose.

46. The decision was taken to set a deadline (10 September 2004) for conducting these interviews even if the target number of interviews had not yet been reached.

Collecting Data

Basic strategy for collecting data

47. As for TICS, the study was conducted using telephone interviews during the period May 2004 to September 2004. The interviews were recorded and the informants warned in advance that this would take place.

48. The informants were given no specific details in advance of the interview regarding the types of questions which would be asked.

Developing the Research Tool

49. As for Stage One (TICS), the research tool (Annex 6) was based on questions proposed in the initial briefing document and by the research team, supplemented by questions proposed by advisors to the project. The experience gained in Stage One helped to accelerate the overall process.

Administering the Research Tool

50. Interviews were conducted by two researchers according to an agreed protocol. Approximately 80% of the interviews were conducted by one researcher and the remaining 20% by a second researcher.

Recording Data

51. Responses were captured initially on a paper-based document by the two researchers conducting interviews. The interviews were also recorded, with the respondent's prior permission, to permit the completion of additional data following the interview and to allow data verification.

52. Responses were finally collated in a master document.

PHASE TWO: STAGE ONE (TICS)

Informants

Identifying Informants

53. The research team needed to identify a representative sample of informants, both in terms of geographic location and type of provider.

54. Two other factors were taken into consideration. The informant had indicated at Phase One a willingness to take part in Phase Two and was judged to have valuable data to contribute to the study.

55. An initial list of informants was drawn up and subsequently amended as required depending on whether:

- the TICS provider was still willing to participate
- it was possible to arrange/re-arrange an interview within the timeframe for the research (researchers had to manage a number of cancellations)

Description of Types of Provider

56. The aim was to include TICS providers:

- providing different types of language and communication support i.e. spoken languages, BSL, Deafblind communication support, telephone interpreting
- working in/across different areas of Scotland i.e. county-wide; east, west, north, south and central Scotland; coverage of city, urban and rural areas
- representing different types of organisation e.g. private company, council funded interpreting service, charity

Number of Informants

57. The target number of informants was 12.

Procedure for Contacting Informants

58. An initial, introductory telephone call was made to explain the Phase Two study and to invite cooperation. A date was agreed for interview. A log was kept of contact with respondents.

Collecting Data

Basic strategy for collecting data

59. This stage of the study involved a case study approach to the collection of more detailed information from TICS providers on the practice of TICS provision within public sector bodies in Scotland, as indicated in Research Phases above.

60. The in-depth study was conducted by means of face to face interviews, taking place between October 2004 and December 2004. Interviews were recorded with the prior agreement of informants.

61. The informants were given brief information in advance of the interview regarding the types of topics about which questions would be asked. See Annex 5.

Developing the Research Tool

62. As for Phase One, the research tool (Annex 4) was based on questions proposed in the initial briefing document and by the research team, supplemented by questions proposed by advisors to the project.

63. It was not possible to include every single question which would potentially provide interesting data due to the length of time it would have taken to complete the interview.

Administering the research tool

64. The research tool was intended as a framework for the face to face interview, to ensure coverage of the same topics in each interview while allowing the researcher to ask supplementary questions or seek clarification, if appropriate.

65. The paper “questionnaire” was not intended to be viewed by the informant. It acted as a guide for the researcher conducting the interview and helped to speed up capturing data from responses.

66. The informant was free to provide any additional information and this was welcomed by the researcher depending on the time constraints on the length of the interview set by the informant.

67. All interviews were conducted by the same researcher.

Recording data

68. Responses were captured initially in note-form by the researcher conducting interviews. The interviews were also recorded, with the respondent’s prior permission, to allow the completion of additional data following the interview and to permit data verification.

69. Responses were finally collated into a master document.

PHASE TWO: STAGE TWO (PSB)

Informants

Identifying Informants

70. The aim was to identify a representative sample of informants, in terms of geographic location and public service area.

71. The possibility of the informant being able to contribute valuable data to the study was also taken into account.

72. An initial list of informants was drawn up and subsequently amended as required. Inclusion depended on whether it was possible to arrange/re-arrange an interview with a representative of the organisation within the timeframe for the research.

Geography

73. The aim was to include a variety of types of area (city, urban and rural) across Scotland. Data needed to be collected from at least two informants per geographic area. For clarification regarding “regions” used by the research study, see Annex 9.

74. It was agreed with advisors that the following areas should be included in this stage of the study:

- Glasgow
- Dundee or Aberdeen as a second city
- Highlands as a rural area
- Fife (as an area with both rural and urban areas)

75. The research team added:

- Tayside (including Perth and Dundee as well as rural areas)
- Lanarkshire (rural and urban areas)
- Scotland-wide (a number of organisations which, although located in Edinburgh, have a Scotland-wide remit)

76. The above also ensured that there was coverage of areas in the west, east, south, centre and north of Scotland. Shetland had been proposed as an area for study, but this was not followed through as it was included in a recent study Investigation of Access to Public Services in Scotland Using British Sign Language (2004) and was, in any case, included in the region “Highlands and Islands”.

Public Sector Type

77. To obtain some comparability of data, it was not possible to cover all sectors. Nonetheless, it was considered valuable to collect data from a wider range than just 2–3 sectors. It was therefore agreed:

- To collect data in 6 geographic areas for health and justice
- To collect data in 2 geographic areas for education, housing and community care

Number of Informants

78. The target number of informants was 18.

Procedure for Contacting Informants

79. An initial telephone call was made to introduce the project and identify the appropriate person to be contacted regarding an interview. This was followed by a more in-depth introduction to the project by e-mail. Subsequently, the researcher telephoned to agree a date and time for the interview. A log was kept of contact with respondents.

Collecting Data

Basic strategy for collecting data

80. This stage of the study involved a case study approach to the collection of more detailed information from PSBs on the practice of TICS provision within public sector bodies in Scotland.

81. The in-depth study was conducted by means of face to face interviews, taking place between October 2004 and December 2004. Interviews were recorded with the prior agreement of informants.

82. The informants were given brief information in advance of the interview regarding the types of topics about which questions would be asked.

Developing the Research Tool

83. As for TICS, the research tool (Annex 7) was based on questions proposed in the initial briefing document and by the research team, supplemented by questions proposed by advisors to the project.

84. It was not possible to include every single question with the potential to provide interesting data because it would have taken too long to complete the interview.

Administering the research tool

85. The research tool was intended as a framework for the face to face interview, to ensure coverage of the same topics in each interview while allowing the researcher to ask supplementary questions or seek clarification, if appropriate.

86. The paper “questionnaire” was not intended to be viewed by the informant. It acted as a guide for the researcher conducting the interview and helped to speed up the capture of data from responses.

87. The informant was free to provide any additional information and this was welcomed by the researcher depending on the time constraints on the length of the interview set by the informant.

88. All interviews were conducted by the same researcher.

Recording data

89. Responses were captured initially in note-form by the researcher conducting interviews. The interviews were also recorded, with the respondent's prior permission, to allow the completion of additional data following the interview and to permit data verification.

90. Responses were finally collated into a master document.

ANNEX 3 PHASE ONE QUESTIONNAIRE: TELEPHONE INTERVIEW (TICS)

Researcher	Region	Date				No./Quest			
	0					0	4		

We're trying to build up a comprehensive profile of the language services across Scotland; the conversation will be recorded but all data will be treated as strictly confidential.

The topics I'll be going through are the profile of your organisation, the services provided, the language providers you use and other issues such as recruitment, qualifications and quality assurance.

Recording starts now.

1. BACKGROUND

(1.1) Name of respondent	
(1.2) Position in organisation	

2. PROFILE OF ORGANISATION

(2.1) Are you an independent organisation	or a unit or department within a larger organisation?	or a branch of a larger company?
(2.2) Is the organisation registered as:	Description:	Description:
a commercial business		
a voluntary/charitable /not-for-profit organisation		
a public sector body		
Self employed		
Other? please specify		
(2.3) Commercial companies only - what year did your company start trading?		
(2.4) Voluntary sector bodies only - when was your organisation set up?		

(2.5 a) How many staff does your organisation/unit/branch have on the payroll? NB: including secretarial, administrative/marketing and managerial staff	
(b). How many of these staff are full-time employees?	

(2.6) What geographical area do you cover? (code later)	
Edinburgh & Lothians	
The Borders	
Fife	
Glasgow	
Lanarkshire & Ayrshire	
Central Scotland (i.e. Falkirk & Stirling area)	
Perth & Tayside (including Dundee area)	
Grampian (including Aberdeen)	
Highlands & Islands (including Inverness & Argyll)	
Scotland as a whole	
Other - please specify	
(2.7) Which of these 9 regions do you serve most?	
Any particular reason?	

(2.8) How can your agency be contacted during office hours?	by telephone/text phone/fax/e-mail
--	---

(2.9) Is someone from your agency on call outside office hours to handle requests for services?	(a) If NO, what are the office hours?
	(a) If YES, Can the on call person be contacted 24 hrs a day/7 days a week/other timings?
	(b) How can the on-call person be contacted? by telephone/text phone/fax/e-mail?

(2.10) Overall, do you do more work for the private sector or for the public sector? (if necessary give examples from list below – ex courts, police, social work, housing, welfare benefits...)	More for private
	More for public
	Balanced

(2.11) I'm going to read out a list of sectors, can you tell me if you provide a translation/interpreting service to these sectors: yes/no.			
	YES	NO	10 + bookings
In the health sector (generally)			
GP surgeries (and primary care teams)			
Dentists			
Pharmacies			
hospitals			
mental health & counselling			
OTHER			
Welfare Benefits			
Employment & employment related support			
Councils or council services			
Social Work			
Housing (including homelessness services)			
Other local authority services			
Education sector (local authorities, colleges, universities..)			
Local authorities education departments (schools)			
Primary and secondary schools			
FE Colleges			
Universities			
OTHER			
Voluntary Sector Organisations, charities			
Legal fields (generally)			
police			
courts			
Procurators Fiscal's offices			
lawyers			
Immigration service			
OTHER			
(2.11) Do you provide a service to any of the above 10 or more times per month? Which ones? (use right column)			
(2.12) Do you have a special remit to provide a service to a particular sector or sectors?			

3. SERVICES PROVIDED

(3.1) Do you offer a translation service?		
(3.2) Do you offer an interpreting service?		
(3.3) Do you offer:	YES	NO
Face to face interpreting		
Telephone interpreting		
Interpreting using video/computer conferencing system		
Written transcription of oral texts (in the original language)		
Dubbing of oral material into another language/voice overs		
Subtitling in another language		
Minute-taking (e.g. in foreign language)		
Note-taking (e.g. in English)		
(3.4a) Do you offer BRITISH SIGN LANGUAGE?		
(3.4b) Can you tell me if you offer any of the following other kinds of communication support?		
Lipspeaking		
Deafblind manual alphabet		
Palantype or speech to text		
Deaf blind hands on signing		
Restricted frame signing		
Communicator guiding		
Braille of documents		
Transcription of normal size print into accessible formats (audio, large print, electronic media)		
OTHER		

(3.5) Thinking only about translation and interpreting – do you provide more translation or more interpreting?	MORE TRANSLATION	MORE INTERPRETING
(3.6) How much more?		

(3.7) Do you provide any another service more frequently than translation or interpreting?	
--	--

(3.8) In combination with English, how many languages can you offer?	
(3.9) What are the most common languages requested nowadays?	list in order as many as they mention, <i>most requested to least</i>
(3.10) Do you have a website or other documentation which lists all the languages you offer?	

(3.11) When you have to refuse work, what are the reasons?			
WAIT to see what say			
		you don't have anyone on your books who can offer the language/dialect requested.	
		you can't provide the type of service requested.	
		You can't satisfy the particular requirements for a specific request (e.g. gender/age group/ethnic background/religious background...)	
		you don't work in the geographical area .	
		Client did not give enough notice .	
(3.12) Are there times when the demand for interpreters/translators exceeds the number of interpreters/translators available in a language?	(3.13) Is this more frequent for translation or interpreting?	TRANSLATION	INTERPRETING
OTHER			

(3.14) If you cannot provide a service yourself, do you refer the client on to another supplier?/do you have any agreement with another provider...?	YES		NO	
Comments				

(3.15) Just to give us a rough idea, during the period January-December 2003, approximately how many requests did you receive for work <u>from public sector organisations ONLY</u>.	< 50 (1 x week)					
	c. 300 (1 x day)					
	c. 500 (10 x week)					
	c. 1000 (20 x week)					
	MORE what					
(3.16) Do you feel the number of requests is	increasing		decreasing		staying the same	
(3.17) Is it requests for translation/interpreting/other services which are increasing?	Translation	Interpreting	Other services (these are ?)			
(3.18) Have you noticed any changes in the languages being requested by public sector organisations – nowadays compared to say 3 years ago?						

4. TICS EMPLOYEES

(4.1) Do you have any full-time or part-time TRANSLATORS on the payroll?	YES		NO	
(a) How many?				
(b) Which languages do they work in?				
(4.2) Do you have any full-time or part-time INTERPRETERS on the payroll?	YES		NO	
(a) How many?				
(b) Which languages do they work in?				
(4.3) Do you have any full-time staff on the payroll providing other communication support services?	YES		NO	
Describe				

(4.4) In total, how many people do you have registered as language providers? (freelancers providing work on a sessional basis, as well as full-time and part-time employees).		
(4.5) Do you pay a retaining fee to anyone? If yes, to how many?		
(4.6) How many of them do BOTH TRANSLATION & INTERPRETING work?		

(4.7) Do you keep records of the skills and experience of the translators/interpreters/other communication support workers registered with you?	YES			NO
	(a) What format do you store these records in?			
	Paper files		Electronic database	
	OTHER			
	(b) How often are these records updated?			
(4.8) Do you (also) use an externally held directory or register to find translators/interpreters/communication support providers?	NO	YES	What's the name of the directory/register?	

(4.9) Can you tell us if the people registered with you have the following qualifications?	None	A few	Some	Most	Don't have the info
Institute of Linguist's Diploma in Translation					
Institute of Linguist's Diploma in Public Service Interpreting					
NVQ/SVQ Level 5 in Translation					
NVQ/SVQ Level 4 in Interpreting					
NVQ/SVQ level 5 in Interpreting					
University Certificate in Interpreting					
Undergraduate degree in translation +/-or Interpreting					
Postgraduate degree in translation +/-or Interpreting					
OTHER - please specify					

(4.10) Can you tell us if the people on your books are registered with the following professional associations?	None	A few	Some	Most	Don't have the info
National Register of Public Service Interpreters					
Institute of Linguists					
ITI (Institute of Translators & Interpreters)					
AIIC					
SASLI					
ASLI					
CACDP					
EFLI (European Forum of Sign Language Interpreters)					
OTHER					

5. RECRUITMENT, TRAINING & QUALIFICATIONS

(5.1) What are your selection criteria when recruiting translators/interpreters?		
Explain		
(5.2) What is the MINIMUM level of training or minimum qualification you expect an applicant to have?		
(5.3) What is the MINIMUM level of experience an applicant must have?		
(5.4) Does this vary depending on the languages offered?	NO	YES - Can you explain?

(5.5) Do you run or require in-house training for new applicants?	NO		YES		
Describe in-house training					
Length of in-house training					
(5.6 a) Do translators and interpreters have to pay to attend courses?	YES		NO		
(5.6 b) Is attending courses compulsory?	YES		NO		Sometimes

(5.7a) How do you assess the level of language competence in English?			
(5.7b) How do you assess the level of language competence in the other working language?			
(5.7c) How do you assess an applicant's competence in their professional activity (i.e. translation interpreting/communication support?)			
(5.7d) Any other selection criteria/recruitment procedures?	Samples of work		
	Tests		
	Interviews		
	References		
(5.7e) How often do you assess the competence (whether the language provider is registered with a professional association or not?)			

(5.8) Do all translators/interpreters/communication support workers registering with you have to complete a police check? [disclosure Scotland]	NO	Explain e.g. only interpreters?
	YES	Basic Standard Enhanced

(5.9) Are your rates for Interpreting/Translating/Communication Support based on any external or national scale? For both freelance and FT staff.			
(5.10) What rates of pay do you offer freelance translators?	YES	NO	Rate/comments
Calculated per 100 words			
Calculated per 1000 words			
Is there a minimum fee?			
Premium (for rush jobs, weekend or evening work, technical content)			
OTHER			
(5.11) What rates of pay do you offer freelance interpreters?	YES	NO	Rate/comments
Hourly fee			
Half daily fee			
Daily fee			
Expenses allowed (travel/subsistence/overnight stays...)			
Premiums (unsocial hours, travelling time...)			
OTHER			
(5.12) What rates of pay do you offer [communication support workers]?	Rate/comments		
On what are these based? (ex: time during day, type assignment)			
(5.13) Do rates paid to freelance staff vary according to experience, qualifications, other? (EXPLAIN)	YES	NO	

(5.14) What is the pay scale for full-time translators on the payroll?			
(5.15) What is the pay scale for full-time interpreters on the payroll?			
(5.16) What is the pay scale for full-time communication support-workers on the payroll?			
(5.17) Do rates paid to full-time staff vary according to experience, qualifications, other? (EXPLAIN)	YES	NO	

6. QUALITY CONTROL

(6.1) Do you have a Code of Practice?	YES	NO	
(6.2) How do you monitor the quality of your translations? [Do you use checklists?]			
(6.3) Do you have someone/a team who proof-reads translations?			

(6.4) How do you obtain feedback from clients?			
(6.5) What do you do in the event of a complaint from a client?			
(6.6) is this a publicised complaints procedure?			
(6.7) Do you have any other quality-control procedures which have not been mentioned?			
(6.8) Do you offer a support service or counselling to freelancers/staff?			

(6.9) Are there any points you'd like to make or information you'd like to give us which has not been covered?
--

THANK YOU VERY MUCH for your time. Your help has been really valuable.

Are you able to send us documentation about:

- languages & services you offer?
- pay scales?
- codes of ethics/good practice?
- Terms and Conditions?
- complaints procedures?

ANNEX 4 PHASE TWO – IN-DEPTH FACE TO FACE INTERVIEW (TICS)

Interviewed by	R	Region	Date				No./Quest			
		0					0	4		

TICS IN DEPTH SECOND PHASE QUESTIONNAIRE

Give definitions for:

TICS

PSB: Public sector bodies, e.g. GP, Courts, Police, council services...

End-user (i.e. PSB's client)

Linguists (i.e. interpreter, translator, communication worker)

Check if do both Translation and Interpreting.

If spoken lgg, check if offer BSL and CS.

If BSL, mention that translation understood as working from one language to the other with time to work on it.

Insist on the fact that we want to know about work with PSB only.

Type of TICS (no need to ask)	
Based where (no need to ask)	
Name of respondent	
Position in the organisation	

1. REQUESTS

1.1 Over the year, would you say demand for translation, interpreting & communication support is fairly constant? (or are there peaks in demand)			yes	no
15.1.1.1 (1.1a) When do you receive most requests for TRANSLATION work?				
What is the busiest day of the week?	Mon	What is the busiest month of the year?	Jan	July
	Tues		Feb	Aug
	Wed		March	Sept
	Thurs		April	Oct
	Fri		May	Nov
	Sat		June	Dec
	Sun		N/A	

(1.1b) When do you receive most requests for INTERPRETING work? (including BSLI)				
What is the busiest day of the week?	Mon	What is the busiest month of the year?	Jan	July
	Tues		Feb	Aug
	Wed		March	Sept
	Thurs		April	Oct
	Fri		May	Nov
	Sat		June	Dec
	Sun		N/A	
(1.1c) What is the busiest time of the day (or night), i.e. for interpretation?				

(1.1d) CS providers: when do you receive most requests for work?				
What is the busiest day of the week?	Mon	What is the busiest month in the year?	Jan	July
	Tues		Feb	Aug
	Wed		March	Sept
	Thurs		April	Oct
	Fri		May	Nov
	Sat		June	Dec
	Sun		N/A	

(1.2a) Do the busiest periods coincide with any particular event?	yes	no
(1.2b) Do you have any contingency plans to meet higher demand?	yes	no

(1.3a) Of the total requests you receive for TICS, approximately what proportion are for work during weekend and unsocial hours (outside office hours)?		
Most work outside office hours Small part of the work Balanced Do you have any figures?		
(1.3b) Of these requests, what proportion are for work:		
All week between 6pm – 11pm		
All week between 11pm-6am		
All week between 6am – 9am		
Weekend daytime		

(1.4a) Can you be contacted outside office hours by PSB requesting interpreting?	yes	no
(1.4b) What's your system to access interpreters in the middle of the night? (on call system, roster, formal arrangement with Int so that they don't drink before...)		
(1.5a) Which particular dialects or varieties of language have you been asked to provide recently? (e.g. Cameroonian French/SSE, International SL...)?		
(1.5b) Do you get requests for foreign SL?	Yes	No
(1.5c) How do you handle them?		

2. RECORDS

2.1 Do you keep records of the jobs completed?			
	YES		NO
	(a) What format do you store these records in?		
	Paper files	Electronic database	
	OTHER		
(2.1b) What information is recorded?			
Languages			
Date			
Client details			
Type of job			
Length			
Translator/Interpreter/CS provider			
OTHER			
(c) What do you use these records for? (for e.g., to ensure continuity for clients, i.e. to ensure that same translator or interpreter does work for the same clients or for follow up meetings on same topics if appropriate; quality control).			

(2.2) Do you keep records of requests which you have been <u>unable</u> to satisfy?				
	YES			NO
	(a) What format do you store these records in?			
	Paper files		Electronic database	
	OTHER			
(2.2b) What kind of information do you record?				
(2.2c) What do you use these records for?				

(2.3) Do you employ any staff whose role is solely dedicated to dealing with all records?	Yes	No
(2.3a) (If not), how do you manage records?		

3. SERVICE PROVIDERS

(3.1) How many language providers do you have access to?	
---	--

(3.2) Can all your linguists offer both T & I? capture variation: particular lgg where no	Yes	No
(3.2a) How many of your linguists do BOTH TRANSLATION & INTERPRETING work?		
(3.2b) How many of them ONLY do TRANSLATION work?		
(3.2c) How many of them ONLY do INTERPRETING work?		

(3.3) How many provide Communication Support?
--

(3.4) Do you have any Deaf Translators?	Yes	No
(3.4a) if yes, do they hold any translating or interpreting qualification?	Yes	No

(3.5) Do you have Interpreters who work between English and foreign SL/International SL?	Yes	No
---	-----	----

(3.6) Do you have Interpreters who work between 2 Sign languages?	yes	No
--	-----	----

(3.6a) Of these Interpreters, how many are Deaf? (How many are Hearing?)

Deaf
Hearing

(3.7) Do you have Interpreters working between foreign spoken languages and BSL?

yes

no

(3.8a) How many men do you have on your books?

(3.8b) How many women?

(3.8c) Are there any languages where almost all Interpreters are men/women?

(3.9) Age:

How many are under 30?

How many are aged 30-59?

How many are 60 or over?

(3.10) Ethnicity: How many of your translators/interpreters are:

White British

White from outside UK

Asian or Asian British

Black or Black British

Chinese

Mixed

other ethnic group

(3.11) How many of your translators/interpreters have English as their FIRST language? (i.e. mother tongue, preferred language, most proficient in...)

4. ASSIGNMENTS

(4.1) Which types of jobs have you had over the past year?

(4.2) Does your organisation have a policy about selecting the most suitable interpreter in relation to particular situations or clients?		YES	NO		
(4.2b) Which issues do you take into consideration?		Give latest instance			
Dialect or language variation preferred by client					
Age of client					
Gender of client					
Ethnic background					
Religion					
Caste					
Particular setting/situation (e.g. medical examination)					
Same interpreter					
OTHER					
(4.2c) How often are you able to provide an interpreter who satisfies the criteria required for an assignment?	ALWAYS	USUALLY	SOMETIMES	RARELY	NEVER
(4.2d) Why are you not always able to do this?					
(4.2e) Does the decision to match an interpreter to a situation come from the PSB (client), from yourself or from the end-user?					

(4.3a) Why might you book a team of interpreters (rather than a single interpreter)?			
	YES	NO	Details
The Client requests it			
You initiate it			
Because of the length of the assignment			
Because of the complexity/intensity of the assignment (court/conference...)			
Because of Health & Safety considerations			
OTHER			
(4.3b) Is this ever an issue with clients?			

5. TRAINING

(5.1) What skills do you expect your TRANSLATORS to have: [ask 2,4,5,6 to BSL)		YES	NO	OTHER RESPONSE
word process				
use e-mail and the internet				
use translation-memory software				
do legal translation				
do specialised or technical translation				
work into English (even if not first language)				
OTHER				

(5.2) What skills do you expect your INTERPRETERS to have:		YES	NO	OTHER RESPONSE
interpret consecutively				
do simultaneous interpreting (using headset & microphone)				
do chuchotage (simultaneous whispered interpreting)				
do simultaneous interpreting into English (if not first language)				
do sight translation				
co-work with other interpreters				
do telephone interpreting				
do video-phone/conference interpreting				
do court interpreting				
OTHER				

(5.3) Once a linguist is registered with you, what training do you provide to improve their skills?						
WAIT to hear what respondents say						
				General IT skills courses		
				Using translation memory-software		
				Court interpreting		
				Telephone interpreting		
				OTHER		
(5.3a) Who provides the training?	In-house trainer					
	OTHER					
(5.3b) Do translators and interpreters have to pay to attend training courses?	YES		NO		Sometimes	
(5.3c) Is attending courses compulsory?	YES		NO		Sometimes	

(5.3d) If no training is provided: what is the reason?

(5.4) What limits or constraints are there on your ability to train your linguists?
Budget
Time
Other

(5.5) Do you have a mentoring system for new recruits?	Yes	No
Describe:		

(5.6a) How exactly do you monitor the performance of your Translators/Interpreters once they're registered with you?

(5.6b) Do you ask for feedback from PSB (i.e. paying client)?

yes

no

(5.6c) Do you ask for feedback from end-users?

yes

no

(5.6d) Is there a feedback mechanism if an Interpreter has concerns about the professionalism of a fellow interpreter?

(5.7) How often do you monitor?

(5.8) Who's in charge of monitoring? (i.e. dedicated member of staff, position, peer monitoring...)

(5.9) Do you have a rewards scheme for linguists who perform well?

(5.10) What [other] opportunities are there for CAREER advancement for the linguists working for you?

Wait for what they say

Promotion within your organisation

Full-time position

Taking on more challenging assignments

Becoming a mentor of new staff

Becoming leader of a team of translators/interpreters

Becoming a trainer

Working towards an accredited qualification

OTHER

6. CHALLENGES [IN PUBLIC SECTOR]

(6.1) What proportion of requests from public sector bodies are unfulfilled?

If known figure, insert here: (especially if they keep records)

(6.2) Which particular requests have you not been able/found difficult to fulfill?

Ex matching interpreter to end-user or situation; particular time frame...

(6.3) Which languages/dialects/language variation have you been unable/found difficult to provide?

(6.4) What are the most difficult issues/situations in terms of selecting an appropriate interpreter? (gender, ethnicity, situation, age, caste, religion, dialect...)

(6.5a) What are the key constraints or limitations to being able to meet requests for TICS from PSB?

(6.5b) Are these constraints the same for your commercial clients?

(6.6) What developments would help you to provide a better service to PSB?

(6.7) What do you think needs to be done to improve the TICS services provided to PSB?

(6.8) Are there any points you'd like to make or information you'd like to give us which has not been covered?

THANK YOU VERY MUCH for your time. Your help has been really valuable.

ANNEX 5 IN-DEPTH INTERVIEW: ADVANCE BRIEFING OF INFORMANT

1. REQUESTS

Demand for services fairly constant over the year, week, day?
Demand for and provision of services outside office hours?
Dialects and varieties of language recently requested?

2. RECORDS

Are records of the jobs completed kept? (In what format; what information?)
Records of unfulfilled requests.
Who manages records?

3. SERVICE PROVIDERS

How many?
Can all linguists offer both T & I?
Gender, age, ethnicity?
How many linguists have English as their FIRST language?

4. ASSIGNMENTS

Types of jobs.
Selecting the most suitable interpreter: which criteria; constraints, requests.
Booking a team of interpreters: reasons.

5. QUALITY CONTROL/TRAINING

Skills expected from linguists.
Training provided to linguists; constraints.
Mentoring system.
Monitoring and feedback.
Career advancement.

6. CHALLENGES

Proportion of unfulfilled requests from public sector bodies.
Which particular requests have been unfulfilled (languages, matching ...)?
Key constraints to being able to meet requests.
Suggestions on what needs to be done.

ANNEX 6 PHASE ONE QUESTIONNAIRE: TELEPHONE INTERVIEW (PSB)

Researcher	Region	Date				No./Quest			
					04				

Thanks for agreeing to take part. The research is about Translation, Interpreting and Communication Services in Scotland, TICS for short. We are trying to build up a comprehensive profile of the need for TICS services in general and within public services in Scotland in particular.

Translation = of a written document

Interpreting = of oral conversations, includes sign language

Communication Services = include all services for VI or HI clients (ex Braille, lipspeaking...)

We would, with your permission, like to record the interview to help us with the analysis. We would like to emphasise however, that all the information given will be treated as strictly confidential and comments will not be directly attributable to yourself or your organisation without your permission.

1. BACKGROUND

Type of PS (no need to ask)	
Name of respondent	
1.1 Position in the organisation	
1.2 where are you based?	
1.3 and what geographical area do you cover?	

2. SERVICE PROVIDER

2.1 How does your organisation provide TICS services (i.e. any form of Translation, Interpreting or Communication Support)? Do you use in house staff or external providers?			
In house staff	External providers	Both	Other
		What proportion	

2.2a If use external: Which particular agencies/organisations/individuals do you contact when TICS services are required?
2.2b Why do you choose to use this particular agency?
2.2c Who is to pay for the interpreters?

2.3 Is there any guidance or training given to staff working with translators and interpreters? Could we ask for copies of documents?

2.4 If use in house: Are staff who provide TICS services specifically employed to provide these services?	YES	NO
2.4a If no, what is their main duty? In what circumstances are they used?		
2.4b If yes, do they have qualifications in languages and TICS? Which ones?	YES	NO

2.5 Do you use other people to assist with communication, such as family members, friends or people from the community?	YES	NO
---	-----	----

2.5a If yes: in what circumstances/conditions?
2.5b What proportion of services are provided by family/friends compared with formal TICS providers, or staff?
2.5c Are there any circumstances in which you would not use family members/friends/members of community?

2.6 What level of training, expertise or experience do you expect the translators/interpreters/Communication Support Workers to have? <i>Wait for what they say</i>	
MINIMUM level of training/qualification?	
MINIMUM level of experience?	
<p>Variations:</p> <p>Languages...</p>	

2.6a Are checks of qualifications/training made by your organisation?
--

2.7 How do you ensure and monitor quality of service?
--

<p>2.8 Now about procedure for arranging a TICS service: could you please run me through the process of arranging an interpreter/TICS service once the request has been made.</p>
<p>2.8b Is there one contact point in your organisation who will make the necessary arrangements?</p>
<p>2.8c Do you use NRPSI/ITI/SASLI or other directories?</p>
<p>2.8d Do you use a ready-made request form? If so, was it devised by your organisation or given to you by one of your TICS providers? Could we possibly have a copy?</p>
<p>2.8e Which advance information do you provide TICS?</p>

<p>2.9 How would you respond to a request for a TICS service that you had not been asked to provide before?</p>
--

<p>2.10 Do you have any documentation or list of contacts you use to provide these services which could be sent to us?</p> <p>Do you use freelance interpreters or translators?</p> <p><i>Mention that data will be treated as strictly confidential, will not be disclosed to any one apart from research team and Scottish Executive or used in any way.</i></p>	<p>YES</p>	<p>NO</p>
--	------------	-----------

2.11 Do you have any policy as regards MATCHING an interpreter to a particular situation or client [when ordering an interpreter]? <i>If yes explain/give the latest instance.</i>		YES	NO
2.11b Which type of issue do you take into consideration?		Give latest instance	
Dialect or language variation preferred by client			
Age of client			
Gender of client			
Ethnic background			
Religion			
Caste			
Particular setting/situation (e.g. medical examination, court...)			
OTHER ex request by client			

3. REQUESTS

3.1 Approximately how many requests did you receive for TICS services during the period January to December 2003?	< 50	(1 x week)
	c. 300	(1 x day)
	c. 500	(10 x week)
	c. 1000	(20 x week)
	MORE	

3.2 How quickly are services usually required? (From the moment the need is identified)						
Within 1-2h	Same day	1-2 days	within a week	a fortnight	a month	other
3.2a Are there any trends or peaks in demand (e.g. days in week, months in year)?						

3.3 Who generally initiates requests for services?	Someone from within your organisation	End-user	Other
--	---------------------------------------	----------	-------

3.4 Which services are requested? <i>wait for their answer and prompt those not asked</i>			
	YES	NO	Most often
Translation			
Face to face interpreting			
Telephone interpreting			
Interpreting using video/computer conferencing system			
Written transcription of oral texts (in the original language)			
Dubbing of oral material (into another language)/voice overs			
Subtitling (in another language)			
Minute-taking (e.g. in foreign language)			
Note-taking (e.g. in English)			

3.5 For which type of documents is translation mostly requested?

3.6 For which type of situation is interpreting (including BSL) mostly requested?

3.7 What specific types of communication support are requested?	YES	NO	Most often
SSE			
Lipspeaking			
Deafblind manual alphabet			
Palantype or speech to text			
Deaf blind hands on signing			
Restricted frame signing			
Communicator guiding			
Brailleing of documents			
Transcription of normal size print into accessible formats (audio, large print, electronic media)			
OTHER			

3.7a Between Translation, Interpreting (of both spoken and sign language) and Communication support services, which is the most requested?

Translation	Interpreting (includes BSL)	Communication Support
-------------	-----------------------------	-----------------------

3.8 I would like to know more about the general profile of the clients for whom services are requested, could you tell me more about them? <i>Wait for what they say and if the answer is not specific, make suggestions from the list.</i>	
	Gender-wise: mostly men or women?
	specific community groups, ex minority ethnic carers, Polish people affected by Alzheimer's etc.
	specific minority ethnic groups, ex Chinese
	groups with specific communication needs (Deaf people, Deafblind, blind)
	particular age groups
	asylum seekers
	refugees
	Other

3.9 Which parts of your catchment area do most clients come from? Where do most of the clients who request TICS services live? Ex: town, district, administrative area
--

3.10 In combination with English, how many languages have been requested? <i>If they don't know exactly, can they estimate; capture if exact or estimate</i>	
3.11 What are the most common languages requested nowadays? List in order as many as they mention, most requested to least.	
3.12 Have you noticed any changes in the languages being requested – nowadays compared to, say, 4 years ago?	

3.13 Is there a strategy or any aids for identifying the particular language or dialect required? [If aids, could we be sent copies?]	YES	NO
--	-----	----

3.14 I'd be interested to hear how the DDA, the Disability Discrimination Act and the Race Relations Amendment Act may have affected the services you provide or the way in which they are provided.

Wait to see what they say

3.14a Do you have a policy in place?

3.14b Is the general public made aware of the possibility of TICS provision?

YES

NO

3.14c How? Ex campaigns, posters, leaflets...

3.14d *If unknown:* **Could you give me the name/contact details of someone within your organisation who might be dealing with these issues?**

4. CONSTRAINTS

4.1 How often can requests for TICS services be fulfilled? <i>Could be using last year's figures</i>					
All the time	9 out of 10	8 out of 10	half of requests	less	Other

<p>4.2 When requests can not be satisfied, what are the reasons? <i>Wait for answers.</i></p> <p><i>Capture whether refusal was made by TICS and whether they gave reasons.</i></p>		
		No one can offer the language /dialect requested.
		The type of service requested can not be provided.
		The particular requirements for a specific request (gender/age group/ethnic or religious background...) can not be satisfied.
		geographical constraint.
		Not enough notice was given.
		Costs
		Other

4.3 Are there any budget constraints on TICS provision?	YES	NO
4.3a If yes, That must make things very difficult. Has it been possible to create any contingency measures to overcome this?	YES	NO

4.5 Do you experience any difficulties in providing TICS services and if so what developments would you find most helpful?

4.7 Are you aware of best practice in your sector? (i.e. procedures in place to ensure best practice, examples of best practice being promoted within the organisation – ex staff training, preferred interpreters, way interpreters work...)

4.6 Have you got any suggestions of another service (related organisation, dept within organisation) **we should contact?**

4.8 Are there any points you'd like to make or information you'd like to give us which has not been covered?

THANK YOU VERY MUCH for your time. Your help has been really valuable.

ANNEX 7 PHASE TWO - IN-DEPTH FACE TO FACE INTERVIEW (PSB)

Researcher	Region	Date						No./Quest			
	0						0	4			

PSB IN DEPTH SECOND PHASE QUESTIONNAIRE

1. BACKGROUND

Type of PS (no need to ask)	
Based where (no need to ask)	
Name of respondent	
1.1 Position in the organisation	
1.2 What geographical area does your organisation cover?	

2. SERVICE PROVIDER

2.1 How does your organisation provide TICS services (i.e. any form of Translation, Interpreting or Communication Support)? Do you use in house staff or external providers?			
In house staff	External providers	Both	other

2.2a If use external: Which particular agencies/organisations/individuals do you contact when TICS services are required?		
2.2b Why were these particular providers selected?		
2.2c Do you also call upon freelance interpreters or translators to provide services?		
2.2d Do you use or have access to TICS registers or directories? (ex NRPSI, ITI, SASLI...)	yes	no

2.3 Who is to pay for TICS?

2.4 Does your organisation have any particular preferences in terms of the kind of interpreting service/mode they prefer to use? Would this depend on the situation? (e.g. preferring tel interpreting in A&E, first contact, F2F later...)

2.5a If use in house: Are staff who provide TICS services specifically employed to provide these services?	YES	NO
2.5b If no, what is their main duty?		

In what circumstances do you call on in house staff?
2.5c If yes, which qualifications in languages and TICS do they hold?
2.5d What specific training is given to in house staff who provide TICS services?

2.6 Is there any guidance available or training given to staff regarding which TICS providers to contact or how to work with translators and interpreters? (If yes can we see copies of this guidance?)

2.7a Do you use other people such as family members, friends or people from the community to provide TICS services?	YES	NO
2.7b Are there any circumstances in which you feel family members/friends/members of community should not be used as interpreters?		

2.8 What level of training or experience do you think translators, interpreters or Communication Support Workers should have? <i>Wait for what they say</i>		
2.8a What do you think should be the MINIMUM level of training/qualification they should have?		
2.8b What do you think the MINIMUM level of experience should be?		
2.8c Do you think they should be affiliated to a professional interpreting institution? Which one?		
2.8d Do you sometimes use translators, interpreters or CS workers who do not have this level of training or experience?	YES	NO
2.8e In what circumstances?		

2.9 Are checks of qualifications/training made by your organisation?
--

2.10a Do you have a policy of trying to MATCH an interpreter to a particular situation or client?		YES	NO
2.10b If no formal policy, do you try to match interpreters to particular situations or clients?		YES	NO
2.10c Which issues should be taken into consideration when matching?		latest instance	
Dialect or language variation preferred by client			
Age of client			
Gender of client			
Ethnic background			
Religion			
Caste			
Particular setting/situation (e.g. medical examination, court...)			
Same interpreter			
OTHER ex request by client			

3. REQUESTS

3.1 Approximately how many requests did your whole organisation receive for TICS services last year?	< 50	(1 x week)
	c. 300	(1 x day)
	c. 500	(10 x week)
	c. 1000	(20 x week)
	MORE	

3.2 Who should initiate requests for services? (i.e. contact TICS in first place for booking)	Someone from within PS organisation	End-user (as on TICS providers questionnaire I'm not sure who the end-user is)	Other
Who should identify need for interpreter?)			

3.3a Are staff provided with guidelines on how to arrange TICS services? Could we have copies of these guidelines?	YES	NO
3.3b Which advance information about the interpreting assignment is to be provided to the TICS provider?		

3.4a Confidentiality: is the name of the end-user to be provided to the agency interpreter in advance?	YES	NO
3.4b If no, if the interpreter realises that they know the end-user, what procedure is to be followed?		

3.5 Do you have measures in place for out of office hours, emergency or short notice requests?	YES	NO
--	-----	----

3.6 Does each division or department handle their own booking for TICS services or are all requests channelled through a central contact?

3.7 Which division or department within your organisation do most requests for TICS services come from?

3.8 Have the Disability Discrimination Act (DDA) and the Race Relations Amendment Act affected the services you provide or the way in which they are provided?

3.8b What duties do these 2 pieces of legislation place on your organisation with regards to ensuring public access to information about the services you provide?

3.8c Do you inform the general public/end-user about the possibility of TICS provision?

YES

NO

3.8d How? E.g. campaigns, posters, leaflets...

3.9 How should staff respond to a request for a TICS service that you had not been asked to provide before?
(ask specific questions about: Deafblind users, provide written info in BSL video format, foreign sign language...)

4. CONSTRAINTS

4.1 How often are requests for TICS services met? <i>Could be using last year's figures</i>					
All the time	9 out of 10	8 out of 10	half	Less than half	Other

4.2 What are the reasons for requests not being met/being more difficult to meet? <i>Capture whether refusal was made by TICS and whether they gave reasons.</i>		
		No one can offer the language /dialect requested.
		The type of service requested cannot be provided.
		The particular requirements for a specific request (gender/age group/ethnic or religious background...) cannot be satisfied.
		geographical constraint.
		Not enough notice was given.
		Costs
		Other

4.3a Are there any budgetary constraints on TICS provision?	YES	NO
4.3b If yes, That must make things very difficult. Has it been possible to create any contingency measures to overcome this?	YES	NO

4.5a Have you experienced any difficulties in providing TICS services?	YES	NO
4.5b If yes, what developments might help alleviate these difficulties?		

5. QUALITY CONTROL/GOOD PRACTICE

5.1 How do you monitor the quality of service TICS providers deliver?

5.2 How does your organisation ensure that appropriate police checks on the interpreters or CS workers have been conducted?

5.3 Good practice relating to TICS issues: are you aware of any examples of good practice from another public service which your organisation has been able to utilise?

(i.e. procedures in place to ensure best practice, examples of best practice being promoted within the organisation – e.g. staff training, preferred interpreters, way interpreters work...)

5.4 Does your organisation use any codes of practice or ethical procedures relating to TICS? Which ones? (Could you please provide copies of these?)

YES

NO

Are there any points you'd like to make or information you'd like to give us which has not been covered?

THANK YOU VERY MUCH for your time. Your help has been really valuable.

ANNEX 8 POSITIONS IN ORGANISATION (PSB – PHASE 1/2)

PSB list in interviewing order

PSB No.	Public Service	PS subtype	Respondent's role
1	Police		Liaison Officer
2	Primary Care	GP	Practice Manager
3	Employment		Customer Service Manager
4	Mental Health	Hospital	Project Co-ordinator
5	Local Authority	Government body	Public Information Service
6	Local Authority	Government body	Gaelic Information Officer
7	Justice	District Court	
8	Hospital	Board Acute Section	
9	Hospital	A&E	Sister in charge
10	Police		HQ
11	Housing		Housing Officer
12	Mental Health	Social Work	Social Worker and Mental Health Officer
13	Employment	Jobcentre Plus	Office Manager
14	Social Work	Criminal Justice	Team Manager
15	Housing		Marketing Officer
16	Education	Secondary School	Head Teacher
17	Prison		Depute Governor + Race Relations Manager
18	Police		Chief Inspector
19	Social Work	Criminal Justice	Senior Social Worker
20	Employment	Jobcentre	Senior New Deal Advisor, Team Leader and Depute Manager
21	Hospital	Maternity Hospital	Clinical (midwifery) Coordinator – in patient care
22	Justice	High Court	Office Manager
23	Primary Care	Dentist	Practice Manager
24	Police		Force Control Room +
25	Mental Health	Community Nurse	Community Psychiatric Nurse
26	Justice	District Court	Depute Clerk
27	Employment	Jobcentre	Disability Employment Advisor
28	Housing		Council Housing Services Team Leader
29	Education	Higher Education (old)	Disability Advisor
30	Mental Health	Therapist	Family Therapist and Systemic Psychotherapist
31	Justice	Sheriff Court	Admin Officer
32	Justice	Sheriff Court	Admin Officer
33	Primary Care	GP	Secretary, Acting Practice Manager

PSB No.	Public Service	PS subtype	Respondent's role
34	Education	Secondary School	Head Teacher
35	Police		Diversity Officer
36	Employment	Jobcentre	Team Leader of Advisors
37	Housing		Principal Officer, Homeless Service Unit
38	Hospital	A&E	Specialist Charge Nurse
39	Housing		Conflict Resolution Manager
40	Employment	Jobcentre	New Deal Personal Advisor
41	Education	Nursery school	Head Teacher
42	Local Authority		Community Information Officer, Community Learning and Development Service.
43	Local authority	Library	Cultural Diversity Officer, Access Service Coordinator
44	Prison		Compliance Manager (Residential)
45	Local authority	local office	Council Services Team Leader
46	Prison		Line manager
47	Housing		Information and Advice Officer
48	Justice	Sheriff Court	Criminal Sheriff Clerk Depute
49	Prison		Race Relations Manager
50	Justice	Sheriff Court	Sheriff Clerk Depute
51	Local Authority	Library	Section Leader
52	Local Authority	Social Work	Black And Ethnic Minority Development Worker
53	Police		Inspector
54	Employment	Jobcentre	Business Manager
55	Mental Health	Whole Board	Communications Manager
56	Education	Primary School	Head Teacher
57	Hospital	Audiology	Head Audiology
58	Mental Health	Social Work	Senior Social Worker
59	Local Authority	Equal Opportunities (policy)	Equal Opportunity Officer, (Service Delivery)
60	Mental Health	Nurse	Senior Nurse, Below 65 Community
61	Primary Care	GP	Practice Manager
62	Mental Health	Clinical nurse	Specialist Clinical Nurse
63	Housing		Policy Officer
64	Police		Inspector in Charge, Operations Room
65	Housing		Quality and Performance Officer
66	Hospital	Whole Acute Section	Quality Development Manager
67	Education	Higher Education (new)	International Officer
68	Hospital	All acute section – women & children's	Interim Unit Nurse, Midwife

PSB No.	Public Service	PS subtype	Respondent's role
		unit	
69	Primary Care	Dentist	Clinical Director
70	Primary Care	GP	Practice Manager
71	Prison		Residential Group Manager and Race Relations Manager
72	Employment	Jobcentre +	Disability Employment Advisor
73	Local Authority	Welfare Rights	Welfare Rights Officer
75	Employment	Jobcentre +	Officer in Charge
76	Primary Care	GP	Practice Manager
77	Social Work	Policy level	Depute Director
78	Social Work	Community Care	Team Leader
79	Primary Care	GP	Medical Services
80	Justice	Procurator Fiscal	Area Business Manger
81	Social Work	Children	Planning Officer
82	Social Work	Community Care	Rehabilitation Assistant
83	Social Work	Criminal Justice	Team Manager
84	Education	Secondary School	Head Teacher
85	Education	Further Education	Head of School
86	Social Work	Children	Team Leader
87	Local Authority	Ombudsman	Depute Ombudsman

Plus:

Face to face informal interview: Lothians – Education – EAL service

Cancelled since no info: Borders – Local Authority – YES Centre

Incomplete info: P&T – Education – Visiting teacher

Add to qualitative stats from logs.

Interviews conducted by second interviewer

PSB No.	Public Service	PS subtype	Respondent's role
101	Justice	Procurator Fiscal	PF Depute
102	Police		Asylum Seeker Liaison Officer
103	Education	Primary School	Head Teacher
104	Hospital	Outpatients	Sister
105	Primary Care	GP	Practice Manager
106	Education	Further Education	Coordinator Disability & Support
107	Immigration	Outreach and bus support	Team Leader
108	Mental Health		Team Leader & consultant Clinical psychologist
109	Social Work	Children	Children and Families Social Worker
110	Prison		Training & Development

PSB No.	Public Service	PS subtype	Respondent's role
			Manager
111	Housing		Housing Officer
112	Employment	Job Centre Plus	Disability Employment Advisor
113	Local Authority	Public Health Nurse	Public Health Nurse
114	Justice	District Court	Courts and Fines Supervisor
115	Prison		Race Relations Development Manager
116	Hospital		Outpatients System Coordinator
117	Prison		Head of Operations
118	Employment	Jobcentre Plus	External Relations Manager
119	Police		Race Relations Officer
120	Police		Race Relations Liaison Officer
121	Primary Care	Dentist	Dental Nurse/Receptionist
122	Hospital	Outpatients	Appointment Supervisor

ANNEX 9 REGION CODE NUMBERS

1. Sighthill
2. Glasgow (Renfrewshire, East Renfrewshire, North & South Lanarkshire, Dunbartonshire, Inverclyde).
3. Ayrshire
4. Grampian (including Aberdeen City)
5. Highlands & Islands (including Argyll & Bute)
6. Borders
7. Edinburgh & Lothians
8. Fife
9. Central Scotland (including Falkirk & Stirling)
10. Perth & Tayside (including Dundee)
11. Scotland-wide

ANNEX 10 POSITIONS IN ORGANISATION (PSB – PHASE 2/2)

Advisor in Race Equality
Area Manager *
Assistant Area Director
Assistant Project Manager of Team
Chief Executive Officer
Clinical Effectiveness Manager
Efficiency Project Co-ordinator and Chair of NHS X³⁵ Racial Equality Working Group
Equality and Diversity Policy Manager, Chair of Race Relation Monitoring Group *
Head-teacher with RRAA responsibility *
Inspector
Involvement Co-ordinator in Clinical Governance Team, Acute Section
Manager Physical Disability and Sensory Impairment
Policy Development Manager, strategic planning
Principal Health Promotion Officer *
Principal Procurator Fiscal Depute, Head of Diversity Team
Promotes Racial Equality, member of West of Scotland Racial Equality Council *
Quality Co-ordinator, South Section *
Senior Homeless Person Officer
Support Service Manager (Bilingual and Travellers' children)
Team Manager

* indicates that this person was one of two involved in the interview

³⁵ Area removed to protect confidentiality

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ISSN 0950 2254
ISBN 0 7559 2893 8
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Astron B44831 2/06

ISBN 0-7559-2893-8



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